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LUNACY AND MENTAL DEFICIENCY.

THE
SEVENTEENTH ANNUAL REPORT
OF
THE BOARD OF CONTROL
FOR THE YEAR 1930.

PART I

(Presented pursuant to Act of Parliament.)

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LONDON

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* *Temporary.*

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2. We think, however, that it would be proper in this place to summarize generally the directions in which the Act provides opportunities for the progressive development of this service.

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(a) By out-patient treatment.

(b) By extended provision for the reception of voluntary patients.

(c) By the new code for the reception of temporary patients, i.e., patients who are incapable of expressing willingness or unwillingness to receive treatment.

(d) By the extension of the Urgency Order procedure to rate-aided patients.



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(d) By the extension of the Urgency Order procedure to rate-aided patients.



There are two basic elements common to the first three of these provisions which are designed to approximate the treatment of incipient mental illness to the treatment of physical illness, viz. :—

- (a) The provision of treatment without the intervention of a judicial authority.
 - (b) The opportunities afforded to general hospitals (voluntary or municipal), and to nursing homes, to co-operate in the treatment of these cases.
- (ii) The powers of local authorities have been enlarged in regard to several important ancillary services, particularly after-care and research, both of which are important factors in preventive treatment.
 - (iii) The dissociation of the Mental Health Services from Poor Law Administration begun by the Local Government Act, 1929, has been carried a step further by the declaration in Section 18 of the Mental Treatment Act, regarding the status of a rate-aided mental patient. Incidentally, the provision in Section 17, whereby the removal of urgent rate-aided cases direct to a mental hospital instead of to a workhouse has been facilitated, has significance not only in this connection, but as an advance in early preventive treatment.
 - (iv) For local authorities, many uncertainties are cleared up by the provision of Section 7, which provides a new code as to the appointment of Visiting Committees, including a requirement that women shall find a place on these bodies.
 - (v) For the medical profession, Section 16 of the Act gives a measure of additional protection as recommended by the Royal Commission.
 - (vi) The central authority is re-organized, in accordance with the recommendations of the Royal Commission, to meet the needs of modern administration, and the transfer of certain powers from the Minister of Health to the Board of Control is designed to obviate possibilities of duplication and to expedite business.
 - (vii) Statutory recognition is given to certain important changes in terminology reflecting the change in the attitude towards mental illness which underlies the principal provisions of the Act.

3. Some time must necessarily elapse before the effect of these far reaching changes can be felt, and the co-operation of the public, the medical profession, and local authorities will be necess-

ary, if the benefits of the Act are to be brought fully within the reach of those for whom they are intended. It is perhaps appropriate that at this point we should report upon the steps taken by the Board to give effect to the Mental Treatment Act in those matters which were within their competence.

Preparations made by the Board.

1. As soon as the Act was passed we began the preparatory work necessary to ensure that, so far as the Central Department were concerned, it should come into effective operation on the 1st January, 1931, as intended by Section 22 (4).

The Act received the Royal Assent on the 10th July, 1930, and our first step was to call a conference of representatives of local authorities in order to discuss with them the measures necessary to bring the Act into operation. Many of the provisions of the Act are permissive and it might be described in the main as an enabling measure. If local authorities were to be encouraged to make full use of their new opportunities it seemed to us essential that they should have an early opportunity of a full and frank exchange of views with the Board. Accordingly, on the 22nd and 23rd July, the Board held a conference with the Visiting Committees and Medical Superintendents of the County and County Borough Mental Hospitals, representatives of Local Authorities, Medical Superintendents of Registered Mental Hospitals, and others, at the Central Hall, Westminster. The fact that 250 delegates attended indicates that our desire for an exchange of views was fully reciprocated by the local authorities. The conference lasted two days and on the second day it was addressed by the Minister of Health. His visit was much appreciated by the delegates, who took the opportunity of paying him a tribute for the courage and skill with which he had introduced and piloted the Bill through Parliament. A verbatim report of the conference, including the address by the Minister of Health, was subsequently published and the considerable sale which it enjoyed was a welcome sign of the general interest in the subject.

2. Shortly after the conference we issued, as mentioned above, to all local authorities, a circular and memorandum (No. 745) summarizing the provisions of the Act and making suggestions for the steps necessary to give effect to them. This circular, like the report of the conference, enjoyed a sale quite unusual for publications of this character; and there can be no doubt that during the last twelve months the problem of the treatment of incipient mental disorder has received a degree of attention from local authorities which cannot fail to bear fruit in the future.

Explanatory circulars (Nos. 748 and 749) on the Act were sent to the Licensees of Licensed Houses and the Managers of Registered Hospitals, shortly after that issued to local authorities.

3. Meanwhile, a Committee of the Board had been engaged in the preparation of a draft of the Rules, which it would be necessary for the Board to make under Section 15 of the Act and the Third Schedule. The main purpose of these Rules was to apply to the new classes of patients and the new places to be recognized under the Act those provisions of the principal Act which were necessary for effective administration and for the proper observance of the safeguards which the Act contemplated. The Board took this opportunity of consolidating with the new Rules the existing Lunacy Rules of 1925, thus bringing all the Rules under the Lunacy and Mental Treatment Acts together in a single code. Administrative, legal and medical questions of considerable difficulty arose in the preparation of the draft. In accordance with the undertaking given in Parliament by the Minister of Health, a preliminary draft was circulated to the Associations of Local Authorities. At the same time copies were sent to the Medical Superintendents of Public Mental Hospitals and the Association of Clerks and Stewards ; and, subsequently, to several of the organizations representing the medical profession. The observations received in response to the Board's invitation were of great value, and received our anxious consideration ; and in many cases further consultations followed, as a result of which the original draft underwent considerable modification. The Board were glad to find that when the draft was ultimately published officially under the Rules Publication Act, no formal representation against it was received.

4. Early steps were taken to bring to the notice of voluntary hospitals the opportunity which the Act affords them of co-operating in the treatment of mental illness. With the assistance of the London Voluntary Hospitals Committee, and the British Hospitals Association, the Board arranged a series of conferences : first with representatives of the teaching hospitals in the Metropolis, then with the larger voluntary hospitals in the Provinces, and finally with the non-teaching and special hospitals of the Metropolis. The provisions of the Act and the Rules were explained and discussed, and there was a valuable interchange of views as to the manner in which the voluntary hospitals could undertake the treatment of incipient mental cases. These conferences indicated a general willingness on the part of the hospitals to co-operate, but the provision of beds for voluntary or temporary patients appeared likely to be attended in most cases by considerable practical difficulties, partly financial, but partly the result of the present shortage of beds. These difficulties, however, did not arise in regard to out-patient treatment, and subsequent information showed that many voluntary hospitals have now started out-patient clinics for mental patients. As arranged at the conferences the Board prepared and issued a special memorandum for the use of voluntary hospitals.

5. The Board were called upon to exercise statutory powers of approval under the following four provisions :—

- (a) Under Section 1(1) for any hospital, nursing home or place desiring to take voluntary patients.
- (b) Under Section 5(1), for any licensed house, hospital or nursing home, desiring to receive temporary patients.
- (c) Under the two foregoing Sections, for the reception of voluntary patients and temporary patients into single-care.
- (d) Under Sections 1(3) and 5(3), for medical practitioners who desire to sign recommendations under those Sections.

6. In the approval of licensed houses and nursing homes, under the two first mentioned provisions, the Board have had in mind the need for facilities for intensive treatment, appropriate to the types of case which are intended to be treated as voluntary or temporary patients. We have therefore given approvals for one year only, with an intimation that this aspect of the question will receive further attention before any such approval is renewed. We propose, in the course of our visits during the coming year, to examine the matter with those responsible for the management of such houses and homes. Apart from this, the Board have imposed in all cases as a condition of approval, the requirement that there shall be on the staff of the house or home, a nurse holding a recognized qualification in mental nursing. In addition, requirements have been made where necessary as to certain structural alterations, particularly as a precaution in the case of fire and when needed for purposes of proper classification. Forty-six licensed houses and three homes were approved under these provisions up to 31st March.

7. The approval of medical practitioners for the purpose of making recommendations under Sections 1(3) and 5(3) presented administrative and professional problems of considerable difficulty, and the Board, with the approval of the Minister of Health, appointed a Committee under the Chairmanship of Sir John Rose Bradford, President of the Royal College of Physicians, with the following terms of reference :—

“To consider and advise what principles should be observed in the approval by the Board of Control of medical practitioners for the purposes of Sections 1(3) and 5(3) of the Mental Treatment Act.”

The Committee was constituted as follows :—

Sir John Rose Bradford, Bt., K.C.M.G., C.B., C.B.E., M.D.,
President of the Royal College of Physicians ;

Sir Hubert Bond, K.B.E., D.Sc., M.D., F.R.C.P., Com-
missioner of the Board of Control ;

- R. G. Gordon, Esq., D.Sc., M.D., F.R.C.P., British Medical Association ;
 G. W. B. James, Esq., M.C., M.D., D.P.M., Royal Society of Medicine ;
 A. Rotherham, Esq., M.A., M.B., Commissioner of the Board of Control ;
 J. S. B. Stopford, Esq., M.B.E., M.D., General Medical Council ;
 R. Worth, Esq., O.B.E., M.B., Royal Medico-Psychological Association.

The Committee advised that approval under these provisions should be accorded to medical practitioners who had been for at least five years on the Register, and who, in addition (i) had certain qualifications or degrees ; or (ii) had held appointments under a Government department or local authority, or appointments affording experience in the treatment of mental illness ; or (iii) enjoyed the special confidence of the medical profession in the area. The Board adopted these recommendations and up to the 31st March had approved 2,209 medical practitioners.

8. Finally, preparations were made to give effect to the provisions of Section 11 of the Mental Treatment Act which affected the constitution and organization of the Board. The main purpose of Section 11 was to create a smaller Board, in accordance with the recommendation of the Royal Commission, who made this proposal in the following terms :—

“ We have come to the conclusion that in order to facilitate the continuity of direction in administration, and to ensure the sustained consideration of the problems of the Lunacy Services, which is necessary for the proper evolution of policy, there should be a smaller Board of Control, whose members should be charged with the duty of supervising and directing the system, subject to the general control of the Minister of Health.”

9. In accordance with the provisions of the Act the membership of the Board was reduced on the 1st January to five Senior Commissioners. The following were appointed by His Majesty to constitute the new Board :—

- L. G. Brock, Esq., C.B., *Chairman*, on the recommendation of the Minister of Health ;
 S. J. Fraser Macleod, Esq., K.C., LL.B., on the recommendation of the Lord Chancellor ;
 Sir Hubert Bond, K.B.E., M.D., on the recommendation of the Minister of Health ;
 A. Rotherham, Esq., M.A., M.B., on the recommendation of the Minister of Health ;
 Mrs. E. F. Pinsent, C.B.E., M.A., on the recommendation of the Minister of Health.

The members of the Board will normally be on duty at headquarters, but will undertake such visitation as may be of special importance. The bulk of the visitation will, in future, devolve upon Commissioners who will be appointed by the Board with the approval of the Minister of Health. In pursuance of this provision the Board appointed the following to be Commissioners :—

A. E. Evans, Esq., M.B., D.P.H. ;
 S. E. Gill, Esq., M.D., D.P.H. ;
 E. O. Lewis, Esq., D.Sc., L.R.C.P. ;
 J. W. W. Adamson, Esq., M.D. ;
 Surgeon Rear-Admiral J. F. Hall, C.M.G., K.H.S., R.N.
 (ret.) ;
 Surgeon Rear-Admiral E. T. Meagher, R.N.(ret.) ;
formerly Medical Inspectors of the Board, and
 C. F. Penton, Esq., M.A., Barrister-at-Law ;
 Miss I. M. C. Duncan, B.A., LL.B., Barrister-at-Law ;
 Surgeon Captain H. C. Devas, R.N. (ret.) ;
 Miss I. G. H. Wilson, M.D., D.P.M. ; and
 Miss Ruth Darwin (*part-time*).

Some re-organization took place in the administrative staff, to which additions were made, and Mr. P. Barter of the Ministry of Health was appointed Joint Secretary of the Board.

The Act in Operation.

Except for a few sections which came into operation immediately on the passing of the Act, most of the provisions came into operation on the 1st January, 1931. Though the period covered by this Report ends at the 31st December, 1930, we have thought it advisable to complete this review of the Act by a brief reference to the actual working of the Act during the first two months after it came into operation.

An enquiry as to the progress actually made up to the end of February in the provision for out-patient, voluntary and temporary patients showed, as might be expected, very unequal results in different areas. While the figures are not unsatisfactory we are not disposed to attach undue importance to the progress or apparent want of progress during the first few months. Many local authorities are faced by great practical difficulties, and the results actually achieved are in no sense a measure of what may be expected in the near future.

The development of out-patient clinics is already most gratifying. From the point of view of organization this is a relatively simple matter, since it does not demand the provision of new buildings, or, indeed, any capital expenditure. We note with satisfaction that where a clinic is held at a voluntary hospital there is a general willingness to associate with it the Superintendent

of the mental hospital and to appoint him on the honorary staff. This, in our view, is most desirable and we hope that local authorities will reciprocate, where practicable, by making the honorary staff of the voluntary hospital the consultants at the mental hospital. This interchange of medical staffs cannot fail to have a most stimulating effect on the medical work of both the mental and general hospitals concerned: and by bringing psychological medicine into closer relation with general medicine it will extend the opportunities for clinical research into the causation of mental disorder. We attach particular importance to such reciprocal arrangements with teaching hospitals from the point of view of medical education. We recognize the difficulties of adding to the existing undergraduate curriculum, but it is generally admitted that the student's opportunities up to the present for the clinical study of mental disorder have been lamentably inadequate. If mental disorders are to be treated early, it is essential that they should be recognized in the incipient stage, but this is impossible unless general practitioners have had opportunities as students of seeing not only advanced and chronic cases, but also cases in the earliest phases. For this reason, among others, we are most anxious that the teaching hospitals should be encouraged to admit voluntary cases in the earliest stages, the value of which from the point of view of clinical study can hardly be over-estimated.

MENTAL DISORDERS.

Accommodation in County and Borough Mental Hospitals.—The increase in the number of patients in public mental hospitals during 1930 was 2,410. These figures are remarkably near the quinquennial average and they confirm the view that the fall in the corresponding figures for 1929 was fortuitous and mainly due to a rise in the death-rate during that year. While the increase for 1930 may be regarded as normal and as representing approximately the rate of increase which is to be anticipated for some years to come, this does not indicate any real increase in the incidence of mental disorders. With the falling birth-rate and an increasing expectation of life the age distribution of the population is gradually changing. Mental disorders are, with a few almost negligible exceptions, disorders of adult life; and, as the adult proportion of the population grows larger, the number of persons suffering from mental disorder will tend correspondingly to increase. At the same time there is a change in the habits of the population, due partly to housing difficulties and partly, perhaps, to the weakening of family ties, with the result that there is greater readiness to seek institutional treatment for elderly patients who would formerly have been nursed at home. Owing also to better feeding and assiduous care, the death-rate in mental hospitals has diminished, and is now lower

than it has ever been before. Patients live longer than they used to ; and, as the net annual increase is the difference between the total admissions and the total of deaths and discharges, the fall in the death-rate by itself would be sufficient to cause an increase in the numbers under care which might easily be mistaken for an increased incidence of mental disorder. The different factors which affect these figures cannot be precisely determined, but the average annual increase of 1.98 per cent. can be fully accounted for by the causes already enumerated, and we can find no justification for the pessimistic suggestions so commonly made that the pace of modern life conduces to mental breakdown. Present day conditions of urban life may, and probably do, tend to increase the frequency of some minor nervous disorders ; but there is no evidence that they are resulting in any appreciable increase of mental disorder.

Margin of accommodation dangerously small.—Although, for these reasons, we see no ground for pessimism when the question is regarded purely from the public health point of view, the annual increase is a matter of grave concern in its bearing upon the adequacy of existing institutional accommodation. As we have pointed out in recent Reports, the margin of accommodation has for some time been dangerously small and this margin has now practically disappeared. On 1st January, 1931, taking all the hospitals together, there was, in the aggregate, overcrowding on the male side amounting to 452 beds and on the female side to 1,635 beds. There were only 27 hospitals with 10 or more vacant beds on the male side, and 19 with 10 or more vacant beds on the female side. During 1931 the new Swansea and Merthyr hospital will be opened, and good progress is being made with the new Middlesex hospital at Porters Park. These are the only complete new hospitals actually under construction, although Southend and East Ham are seeking a site for the hospital which they propose jointly to provide. Few other new beds can be provided in the near future except by the provision of admission hospitals and their ancillary convalescent villas.

Use of Poor Law buildings.—It was at one time hoped that the position would have been substantially relieved by the re-allocation of Poor Law buildings transferred to local authorities under the Local Government Act, 1929. Though this re-allocation is not yet complete in all areas, it is clear that the surplus accommodation available for this purpose is much less than was anticipated. We have suggested to local authorities that, where whole institutions are not available, and such cases are very few, increased use might be made of suitable wards or blocks for the accommodation of quiet chronic patients or of senile cases. But when every allowance is made for the possibility of relieving in this way the pressure on the public mental hospital, it is clear that many authorities are faced with the urgent need of providing

new hospitals. In London, Lancashire and Staffordshire in particular, any margin of beds which now exists will have been used up long before any new hospital can be completed.

Danger of overcrowding, and necessity to build.—We appreciate the reluctance of even the largest authorities to undertake new construction in the present financial position ; but the need of beds is so acute that new buildings cannot be further postponed without grave risk. Even as a temporary expedient overcrowding is dangerous. It imposes an intolerable strain on the nursing staff and it adds greatly to the risk of epidemic disorders. As a permanent method of meeting these difficulties it would be lamentable. We have issued a memorandum for the guidance of local authorities who are reaching the limit of their available accommodation, and we hope that the larger authorities, who are more immediately concerned, will give this question their early consideration. Their statutory obligation to provide accommodation is unqualified and we cannot believe that authorities, once they realize the gravity of the position, will fail to discharge their obligation. It is germane to observe that the expenditure of local authorities on the Public Health Services, including Lunacy and Mental Deficiency, is a very small item in their Budget as compared with expenditure on highways and education.

Royal Naval Hospital, Yarmouth.—The decision to retain the Royal Naval Hospital at Yarmouth was very welcome to us. Although this hospital is not within our jurisdiction, it has for many years been visited by us annually at the request of the Admiralty, and the reports of the visiting Commissioners have been uniformly favourable. Under the provisions of the Yarmouth Naval Hospital Act, which received the Royal Assent on the 29th April, 1931, the hospital will become available also for Ministry of Pensions cases, the number of beds being in excess of the present requirements of the Navy. This is particularly important at this juncture, since the accommodation hitherto leased to the Ministry of Pensions at Storthes Hall, Kirkburton, is now required by the West Riding Mental Hospitals Board for the accommodation of their ordinary patients. Indeed, if it had been necessary to close Yarmouth Hospital it would have been a matter of the greatest difficulty to secure other accommodation either for the naval patients or for the Ministry of Pensions cases transferred from Storthes Hall. The margin of accommodation is now so small that the loss of 230 beds in a well equipped hospital would have been most unfortunate, and the decision to retain this historic institution is far from being alone of naval interest.

Importance of suitable accommodation for Recent cases.—When the Mental Treatment Bill was under discussion, the suggestion was repeatedly made that voluntary and temporary patients

should be treated in special institutions separate from existing mental hospitals. We agree that there are circumstances in which such special provision may be desirable and proper ; but its wholesale provision and an attempt to reserve the mental hospital solely for certified cases would, in our view, have been most unfortunate. It would entail a needless duplication both of staff and of therapeutic equipment ; and, as it is impossible to foresee when a given case will pass from one category to another, continuity of treatment would have been greatly hampered by the necessity of transfer whenever a voluntary or temporary patient had to be placed under certificate. While we would deprecate any arbitrary separation between patients admitted under the Mental Treatment Act and under certificate, it is most desirable that all new admissions should be dealt with at first in an admission unit wholly separate from the main buildings in which are housed patients of confirmed mental disorder. This admission unit should include a treatment centre, an arrangement which enables much of the therapeutic equipment of the hospital to be collected at one focal point. It does not mean that older patients will be deprived of any facilities which they now enjoy, but it is obviously better to take the older patient to the treatment centre in the admission unit than to take the newly admitted patient into the main buildings whenever any surgical, radiological or other treatment is necessary.

The development of the Admission Hospital with its natural corollary, the Convalescent Home, has long been in process, and the number of hospitals thus equipped is steadily increasing. We regret, however, that there are still local authorities, some of them possessing mental hospitals of antiquated design, who have not yet taken any steps to provide a separate admission unit, without which no hospital can be regarded as complete and the provision of which is the simplest step towards modernising an obsolescent structure. There are many cases in which the structure and the layout combine to make complete modernisation impracticable ; but precisely because the admission hospital not only can be, but ought to be, completely detached from the main building it is an improvement which presents the minimum of difficulty from an architectural point of view. When Parliament passed the Mental Treatment Act, it was an implied condition that suitable accommodation should be provided for recent cases, whether voluntary, temporary or certified patients ; indeed, in the case of temporary patients, the provision of suitable accommodation is made obligatory. We hope, therefore, that those authorities which have not already done so will take early steps to provide what is now recognized as being an essential feature of a modern mental hospital.

Research and its Co-ordination.—One of the most important questions which has been engaging our attention is the question of

Research. While every mental hospital ought to have, as the majority already have, a laboratory adequate for the carrying out of those routine investigations which are so necessary if epidemic disorders, such as dysentery, are to be kept under control, some of the larger hospitals have laboratories which, as this and previous Reports show, are capable of research work in the true sense of the term. We recognize, however, that the number of hospitals able to carry out independent research must of necessity be limited ; and for this reason we welcome the provision in the Mental Treatment Act empowering local authorities to contribute to research undertaken by other bodies, such as universities. Such schemes require the approval of our Board, and we are anxious that our new responsibility in this matter should be so exercised as to secure co-ordination. We have no desire to fetter in any way the discretion of local authorities ; but we feel that research, to be effective, demands a degree of co-operation which can only be attained by some measure of central control. With the object of advising us how this can best be secured, we are taking steps to establish an advisory committee on which local authorities will be represented. On technical questions this committee will have the benefit of the expert assistance of the Medical Research Council's Committee on mental disorders, of which one of the Senior Commissioners is Chairman. Until the new committee has had an opportunity of examining the problem, it would be premature to discuss the possible methods of procedure in detail ; but we hope and believe that we can count upon the cordial co-operation of local authorities in a comprehensive programme of research into the causes of mental disorder. Until progress in research has been made, it is clear that no great advance can be made in the application to mental disorder of the principles of preventive medicine. Nevertheless, the co-operation of local authorities, essential as it is, will not by itself be sufficient for the solution of this problem, and the importance of the new power which the Mental Treatment Act gives lies in the opportunity of linking up the work of the mental hospital laboratories with the universities and the medical schools, and we welcome the signs of a growing recognition that this is a branch of medical research which the universities in the past, partly no doubt for financial reasons, have tended to neglect. There is no need to emphasize the importance, indeed the vital necessity, of research ; but, while the potential results can hardly be exaggerated, it would be imprudent to look for early success. The task is long and difficult, but the ultimate rewards in the diminution of human suffering, and incidentally in the saving of expenditure, will more than justify the concentration of effort which is needed.

Social Service Workers and After-Care.—The opening of out-patient clinics and the expansion of after-care work, which should result from the new power given to local authorities to contribute to voluntary organizations for this purpose, will create a greatly

increased demand for workers in this important but hitherto neglected branch of social service. We learn with regret that in certain areas, where voluntary organizations have offered their services, the offer has been refused. We feel sure that all superintendents who have had any actual experience of out-patient clinics will agree that success depends to a large extent on the physician in charge being able to rely upon the co-operation of a skilled and tactful visitor ; and we hope that those superintendents who have intimated that they do not want any assistance from voluntary workers will reconsider their attitude in the light of further experience. How far training is essential for work of this character is a matter upon which opinions differ. Our own view is that in the larger areas at any rate a nucleus of fully trained and paid workers is desirable, with a body of voluntary workers to assist them. The form of organization must be determined by the needs of the particular area, and it would be useless to prescribe a uniform plan to be applied rigidly in all cases. At the same time we think it desirable that the voluntary spirit should be preserved and that this work should not be wholly professionalized ; nor is it in any way inconsistent with this view to add that the value of the voluntary worker may be greatly increased by a short period of training. We are glad to know that this question is receiving consideration by the voluntary organizations concerned.

The work of the visitor attached to the out-patient clinic calls for the same qualities as after-care work. Indeed, it would be arbitrary to attempt to distinguish between after-care and other social services, the difference being mainly a difference in the stage at which the help is given. It is true that in the later stage the question of financial assistance comes in, but this is far from being the most important part and its organization presents comparatively little difficulty. The real problem is the recruitment and training of the right type of worker, and from this point of view it is much to be hoped that the two voluntary bodies mainly concerned will realize the desirability of some scheme of joint working.

In this connexion we desire to draw attention to two informative papers on out-patient treatment which appear at the end of the Supplement in Part II of this Report.

Visiting Committees and their Constitution.—An incidental result of the Mental Treatment Act is to add greatly to the volume and variety of the work of visiting committees. Hitherto the title of these committees gave a not unfair description of their duties, which, except for occasional new construction, were in the main duties of visitation. It was possible, under section 66 of the Mental Deficiency Act, to arrange for the same set of persons to form both the Committee for the care of the mentally defective and the Mental Hospital Visiting Committee. This is an arrange-

ment which, subject perhaps to a few exceptions, we strongly favour, and which we should like to see more frequently made. The new Act in no way interferes with this possibility ; but, under it, the scope of duties falling to visiting committees will be widened considerably. They, for example, will be responsible for the organization of clinics and for negotiations with voluntary hospitals, both for this purpose and for the reception in special cases of voluntary and temporary patients. In the same way if the authority decide to utilize municipal hospitals, either in conjunction with or in place of voluntary hospitals, it will fall to the visiting committee to make the necessary arrangements in consultation with the public health committee. Hitherto the mental health service has been kept, as it were, in a water-tight compartment. Now it is recognized as being a part, and a very important part, of the whole public health service. As the relations between the visiting committee and the public health committee become closer and more continuous, the need for some effective liaison between the two committees will be felt in an increasing degree. How this can best be secured is a problem which will have to be solved, like many other problems of local government, by experiment. In the past, while many members of visiting committees have given long and ungrudging service, it is a matter of common knowledge that many members of county and county borough councils have been reluctant to serve on it. It would be idle to expect this branch of work to make the same appeal as that of the public health committee, but it would be unfortunate if the personnel of that committee did not include a proportion of members who have served on the visiting committee and so have had an opportunity of familiarising themselves with the needs of the mental health service.

Different methods will, no doubt, be devised to meet the special circumstances of different authorities, but we are convinced that some arrangement will be found desirable not only to bring these two committees into closer relationship, but also to widen the area of choice of members of visiting committees, which in the past have not infrequently suffered by recruitment from too small a section of the council. In making this suggestion we are anxious to guard ourselves against any appearance of ingratitude or failure to appreciate the admirable work which visiting committees have done and are doing. But while no one could recognize more fully than our Board the services rendered by the more active members, services indeed which are beyond praise, we cannot ignore the fact that the enthusiasts have often had to work with others whose membership of the committee was a matter of accident rather than of choice ; nor has devoted service in this branch of municipal work always met with the recognition which it deserved. For this state of affairs some remedy must be found if visiting committees are to rise to the full measure of their new responsibilities ; and we are confident that once the need is

realized the National genius for local government will devise a solution.

Recruitment of Nurses.—In spite of the growing number of mental hospitals which have provided Nurses' Homes, and in spite of liberal rates of pay and pension, many hospitals still find difficulty in securing a sufficient number of probationer nurses. The shortage of nurses is more acute in some hospitals than in others, but few are so happily circumstanced as to have a waiting list, while others can only maintain their numbers by the indiscriminate acceptance of all candidates not obviously unsuitable. We realize that the recruitment of nurses for public mental hospitals will never be easy ; but we doubt whether the scope for real nursing work which it offers is adequately appreciated ; and we think that much more might be done by way of propaganda than has hitherto been attempted. Except in the case of large areas, effective propaganda would be difficult without some combination of authorities. But every authority under the new Act embraces an area of at least one, and often more than one, local education authority, and we believe that much more could be done by more effective co-operation between the Visiting Committee and the Education Committee to secure that the advantages of this branch of nursing are brought to the notice of the elder pupils in the secondary schools.

By co-operation with the labour exchanges it might also be possible to secure a carefully chosen supply of candidates from distressed areas such as South Wales. We regret that recent reports by Commissioners indicate that in some few hospitals the shortage of nurses is serious and the need for more active measures on the part of the authority is correspondingly urgent. We do not recommend any lowering of the educational standard. On the contrary, we are convinced that hospitals which lower their standard are only increasing their difficulties. It is, however, not enough to rely on an occasional advertisement in two or three papers. To hospitals which cannot obtain candidates we commend efforts to make both co-operation with the Education Committee and propaganda effective, as well as close inquiry on the part of the Visiting Committee, perhaps in conjunction with representatives of the nursing profession, as to whether there are any deficiencies in the arrangements of the hospital which deter probationers from joining or remaining in the service. In this connection, mention may be made of the fact that upon our Board's staff there is now an Inspector who is fully trained, both in mental and general nursing and whose services, so far as compatible with her other duties, will be available for consultation.

International Congress on Mental Hygiene.—During the year an International Congress on Mental Hygiene was held at Washington. His Majesty's Government were represented by Sir Hubert Bond, a Senior Commissioner of the Board, and we

were glad to see that, in spite of the expense which the journey entailed, British psychiatrists were well represented. Sir Hubert took advantage of his visit to see some of the leading mental hospitals in Canada, as well as in the United States. The value of these world conferences has sometimes been questioned and it is, indeed, a debatable point whether their utility would not sometimes be enhanced by some restriction on their size. We are disposed, however, to the view that the real value of such international meetings is not to be measured by the record of the proceedings. It lies more in the opportunities thus afforded to the leaders in this branch of medicine in different countries to meet one another. This personal contact and opportunity for intimate exchange of view between men who might otherwise never meet affords a stimulus which fully justifies the expenditure of time and money involved.

MENTAL DEFICIENCY.

On the mental deficiency side, the progress during the year has been much more satisfactory than the figures might suggest. Three new institutions have been opened since the date of our last Report, the most important being Hensol Castle, Glamorgan, provided by the Glamorgan County Council, and Stallington Hall, Staffordshire, provided by the Stoke-on-Trent County Borough Council in substitution for the Cloughs. Including these, and as the result of changes in the numbers at existing institutions, 1,255 additional beds have been provided. But the number of new beds is no measure of the real progress made, and it is gratifying to be able to record that a steadily increasing number of authorities have acquired, or are seeking to acquire, estates with the object of establishing colonies. While much that is written in the Press about mental defect and its social consequences is ill-informed, there can be no doubt that the increased prominence which has been given to this subject has had the effect of focussing attention on an aspect of public health which has hitherto been generally neglected. Certainly, there are signs that local authorities are realizing more and more that to leave young and trainable defectives without suitable training or employment is neither humane nor economical, and the more widespread discussion of this problem has at least brought home to the public mind both the danger and the waste involved in leaving at large those defectives who are unfit for community life.

In our Report for 1929 we referred to the appointment of a Committee under the Chairmanship of Mr. Walter Hedley, K.C., "to consider and report what are the essential structural requirements of a complete colony for mental defectives of all types and to what extent the cost could be reduced by the adoption of semi-permanent or temporary buildings or other new methods of construction, having regard to the comparative cost of mainten-

ance as well as initial capital expenditure involved." Mr. Hedley's Committee have now presented their report, which has been printed and placed on sale. It is gratifying to find that this Committee place it on record that "the supervision exercised by the Board of Control in regard to expenditure on colony schemes since the Mental Deficiency Act of 1913 came into operation has been effective, and we have found it very difficult, even after close scrutiny, to cut their requirements much finer." At the same time, the Committee make valuable suggestions which will, we hope, conduce to further economy in construction. Their report is accompanied by a series of plans intended for the guidance of local authorities, purely by way of illustration and not with any idea of enforcing a standardized design. We feel sure that these plans will be of the utmost assistance to local authorities and to those architects who have not hitherto had opportunities of gaining experience in this specialised branch of work.

The Board are much indebted to Mr. Hedley and to his colleagues for the time and trouble which they have devoted to their task, and especially to Sir George Oatley and Mr. Scott, the Chief Architect of the Ministry of Health. The Board are grateful also to the local authorities for the assistance they so readily gave to the Committee in their enquiry.

We realize that the cost of construction is of cardinal importance in the development of the colony policy. In the present financial stringency the number of authorities able to face new capital expenditure must depend to some extent on the cost per bed. We are glad to note that there has been a steady fall in this figure, and the most recent contracts indicate that the cost of construction may now be taken as slightly exceeding £300 a bed. As this figure includes workshops, assembly hall and all the administrative buildings of a complete colony, including kitchen, bakehouse and laundry, it is misleading to compare, as is often done, the capital cost of housing mental defectives in colonies with the cost of housing the normal population. It has to be remembered, too, that in a colony, so large a proportion of the patients are, by their labour, able to contribute, often substantially, to the cost of their maintenance, that as the Wood Committee pointed out, it costs less to maintain employable defectives in a colony than to maintain them in idleness in a public assistance institution. None of these matters should be lost sight of in attempting to arrive at the true cost of providing a colony. At the same time, as we have said, we recognize fully the absolute necessity of reducing the cost and we feel confident that the recommendations of Mr. Hedley's Committee will help to this end.

We regret that occupation and industrial centres are not being more rapidly developed. There are many parents who are both able and anxious to look after their mentally defective children at home but who have no means of providing them with suitable

training and occupation. There are also defectives in institutions who could safely be sent out on licence if training and occupation were ensured. Day centres have proved to be an inexpensive and efficient way of meeting the needs of these cases.

To establish and to maintain a centre demands an active and enthusiastic administration, and difficulties incident to all pioneer work have to be passed through. Suitable cases for attendance at the centre must first be selected and the aims explained to parents. A building conveniently situated must be found and, where necessary, arrangements made for the conveyance of the pupils to and from the centre; and, most important of all, a supervisor must be appointed with the necessary sympathy and knowledge.

That these difficulties can be overcome in urban areas has now been repeatedly proved. If suitable cases cannot be found the failure to find them is due to incomplete ascertainment or to bad organization. The cases are there, and if the centre is established at a reasonably accessible spot there should be no difficulty in securing sufficient attendance. Parents soon learn to appreciate centres where sound training results in improvement in their children. The building available may not be ideal for its purpose, but it can be made to suffice and little need be spent on its adaptation. The appointment of a supervisor often presents real difficulties, but lack of special experience may be remedied by arranging for attendance at one of the short training courses arranged for this purpose.

It should, therefore, be considered that to close down a centre, at any rate in an urban area, is a confession of failure. In small towns the conditions are different and here, as in the analogous case of Special Schools, the question to be considered is the minimum attendance which makes it worth while to open a whole time centre. The possibilities and relative advantages of opening small part time centres or of employing a visiting teacher in the defectives' homes also needs consideration in rural areas.

It is not yet generally recognized that all defectives, apart from the lowest grade idiots, benefit from training and that occupation and paid employment, to which training may lead, is the most important factor in fitting them to take some part in community life. Without training or occupation even well-behaved defectives living in good homes are liable to degenerate into a condition which calls for institutional treatment. It is hardly too much to say that every place in a centre which is regularly filled means a bed saved for the time being in an institution.

In our last Report we called attention to the difficulty of finding superintendents with any real experience of mental deficiency work for the new colonies which are now being estab-

lished. The chance of organizing a new colony unhampered by past practice and tradition and of selecting the whole staff is one which should appeal strongly to men of ambition and independent minds, and to watch the gradual development of a growing structure should have a singular fascination. But the possibilities of this branch of medicine are not yet sufficiently realized, and it has happened, in not a few cases, that in the absence of suitable candidates with experience of this work it has been found necessary to appoint men who have never had any opportunities of familiarizing themselves with modern methods of handling and training defectives. We realize, of course, that a sound knowledge of psychiatry is essential to the superintendent of a colony, but his work is to so large an extent educational, or at any rate vocational, that some first-hand experience in a well organized colony will save him from many mistakes and perplexities. If an authority appoints a superintendent with no specialized experience in mental deficiency work, we would recommend that he should be given three months at least in which to visit some of the best organized colonies so as to acquaint himself with recent practice. It is always wise to appoint the superintendent a considerable time before the first buildings are ready for occupation, and the cost of a three months' study tour is not serious and will be found to be a good investment.

I.—MENTAL DISORDERS.

(Under the Lunacy Acts.)

On the 1st January, 1931, the number of notified insane persons under care in England and Wales was 144,161, an increase of 1,774 during the preceding year, the average annual increase for the five years ending 1st January, 1931, being 2,056. The percentage distribution of the sexes—males 44·1, females 55·9—showed a decrease of 0·1 in the proportion of males with a corresponding increase in the proportion of females.

The increased number of notified insane has no necessary connection with the incidence of mental disorders in the general population, being merely the increase shown by the excess of the admissions over the combined deaths and discharges. It is desirable to emphasize this fact on account of the erroneous deductions that are sometimes drawn from such increases.

STATUS AND DISTRIBUTION.

Private patients on the 1st January, 1931, numbered 14,404 (males 8,385, females 6,019), a decrease during the year of 133. Included in this number are 5,239 “Service” and “ex-Service” patients—56 fewer than a year ago.

Patients in the Naval and Military Hospitals (Yarmouth 119, Netley 54) are included among the private patients, as also are the 53 persons found insane by inquisition who were resident in institutions. There were in addition 84 persons (males 49, females 35) so found by inquisition who, not being resident in institutions, are not notified to us and so do not fall within the scope of our statistics. The total number of cases found insane by inquisition continues to show a steady decrease year by year, due to the lessened use made of this mode of procedure.

The sex distribution per cent. of the private patients was 58·2 males, 41·8 females—a rise of 0·1 in the males with a corresponding fall in the proportion of females, as compared with last year; but if the “Service” and “ex-Service” patients are excluded, as is advisable if it is desired to draw conclusions from such figures, the percentages become 34·3 males, 65·7 females—a fall of 0·4 in the proportion of males.

Rate-aided patients on the 1st January, 1931, numbered 128,846 (males 54,525, females 74,321) or 89·4 per cent. of all the notified insane. They increased by 1,905 during 1930, as compared with an average annual increase of 2,156 during the last five years.

The sex distribution per cent. of the rate-aided patients was males 42·3, females 57·7; or, if the “Service” and “ex-Service” patients are included, males 44·6, females 55·4.

Criminal patients on the same date numbered 911 (males 696, females 215), an increase of two during the year.

Transfers from Class to Class.—During 1930, 775 rate-aided patients (416 males and 359 females) were transferred to the private class, 179 private patients (47 males and 132 females) were transferred to the rate-aided class, and 76 criminal patients were retained and classified as rate-aided patients on the expiry of their sentences or on their discharge as criminals.

Distribution of Notified Insane Patients.—The principal changes during the year 1930 were—an increase of 2,410 patients (males 940, females 1,470) in County and Borough Mental Hospitals, as compared with an increase of 1,559 in 1929, an increase of 21 in the Naval and Military Hospitals and of 124 among those in receipt of Outdoor Relief. On the other hand, there were decreases in all other classes of institution and forms of care, ranging from 629 in Public Assistance Institutions to 8 in Broadmoor Criminal Asylum and 8 among those in Private Single-care.

Table showing Distribution on 1st January in each year, expressed as a proportion per cent. of total number of notified Insane under care.

	1889	1899	1909	1919	1929	1931
1. In County and Borough Mental Hospitals — —	62·5	69·5	75·7	76·4	82·0	83·0
2. In Registered Hospitals — —	2·7	2·4	2·0	2·1	1·4	1·4
3. In Licensed Houses — —	4·8	4·1	2·3	2·9	1·9	1·8
4. In Naval and Military Hospitals — — — —	0·4	0·3	0·1	0·2	0·1	0·1
5. In State Criminal Asylums	0·7	0·6	0·7	0·7	0·6	0·6
6. In Public Assistance Institutions — — —	21·2	16·9	14·5	13·8	11·2	10·3
7. In Single-Care — —	0·5	0·4	0·4	0·4	0·3	0·2
8. In Outdoor Relief — —	7·2	5·8	4·3	3·5	2·5	2·6

MOVEMENT OF PATIENTS.

Admissions, Discharges, Transfers to other Care, and Deaths in 1930.—Owing to the absence of detailed information of the movement of the insane persons in Public Assistance Institutions and of those in receipt of Outdoor Relief, statistical information under this head is necessarily limited to patients in the institutions comprised under the first five of the forms of care tabulated above and to patients in single-care.

The subjoined statement refers only to certified patients and omits reference to voluntary patients, of whom 2,030 were admitted, while there remained at the close of the year 1,041* :—

* Including 184 at the Maudsley Hospital, where all the patients are upon a voluntary footing, and 80 at the City of London Mental Hospital.

Resident on 1st January	—	—	—	—	—	123,249
Direct admissions	—	—	—	—	—	21,070
Indirect admissions	—	—	—	—	—	2,212
						<hr/> 146,531 <hr/>
Discharged :—						
Recovered	—	—	—	—	—	6,938
Relieved	—	—	—	—	—	2,754
Not improved	—	—	—	—	—	549
†By operation of law	—	—	—	—	—	238
“ Not now insane ”	—	—	—	—	—	12
Transferred (under order) to other care	—	—	—	—	—	2,197
Died	—	—	—	—	—	8,313
Remained at end of year	—	—	—	—	—	125,530
						<hr/> 146,531 <hr/>

The daily average number resident increased from 121,808 (males 54,119, females 67,689) in 1929 to 123,933 (males 54,998, females 68,935) in 1930—the proportion resident in County and Borough Mental Hospitals being 95·1 per cent. in the former year, and 95·2 in the latter.

Direct admissions were 21,070 (males 9,381, females 11,689), of whom 93·0 per cent. were admitted into County and Borough Mental Hospitals. These admissions were 984 fewer than in 1929 and 1,193 fewer than the yearly average for the decennium preceding. The ratio of admissions per 10,000 of the population (aged 16 years and upwards) of England and Wales was 7·14 (males 6·76, females 7·48), a decrease of 0·42 per 10,000 of the population as compared with the ratio for 1929, and it was 0·83 below the mean of the preceding nine years.

First admissions during 1930 numbered 16,851 (males 7,727, females 9,124), or 80·0 per cent. of all the direct admissions—0·7 per cent. below the average of the preceding ten years.

Discharges—that is, persons discharged from reception orders as recovered, relieved, or not improved—numbered 10,241 (males 4,227, females 6,014). Of these, 6,938 were discharged as *recovered*, yielding a *recovery* rate, calculated on the direct admissions, of 32·93 (29·87 for males, 35·38 for females), that for males being 0·87 and that for females 0·72 above the corresponding rates for the preceding decade. The discharges as *relieved* and as *not improved* numbered respectively 2,754 and 549 ; and, if these and the 12 discharged on admission as *not now insane* and the 137 cases discharged *after escape* (s. 85) are added

† Either by reason of irregular admission documents, lapsing of reception orders (s. 38, Lunacy Act, 1890), or discharges under s. 85).

to the recoveries, it shows that the total absolute discharges from reception orders during the year were 49·3 per cent. of the direct admissions—0·9 above the average of the preceding five years.

Deaths numbered 8,313 (males 4,087, females 4,226). They were 1,486 fewer than in the preceding year ; and the *death rate* (6·71 per cent. of the daily average number resident) was 1·33 below the rate for 1929, and was the lowest we have ever recorded, being 0·59 below the previous lowest (1926). The rate for males was 7·43 per cent., and for females 6·13.

Transfers to other Care, etc.—During the year 2,212 patients were either transferred (under order) from one institution to another, or to or from single-care, or were (in a few instances) indirect admissions following discharge by operation of law. These cases are technically termed indirect admissions, and call for no further comment, as no inferences can usefully be drawn from them.

Numbers remaining under Care.—The number of patients remaining under care (with the exception of those in Public Assistance Institutions and those in receipt of Outdoor Relief) on the 1st January, 1931, was 125,530 (males 55,685, females 69,845). It represents an increase of 2,281 patients as compared with one of 1,558 for the preceding year.

COUNTY AND BOROUGH MENTAL HOSPITALS.

(*Ninety-eight in number.*)

1. *Accommodation.*

The number of patients resident in these institutions increased during 1930 by 2,410 (males 940, females 1,470) as compared with an increase during 1929 of 1,559 (males 937, females 622), and with an average annual increase of 2,364 (males 1,066, females 1,298) for the five years ending 1st January, 1931. The larger increase for 1930 was in the main due to the fact that there were 1,406 fewer deaths. A still larger increase would have resulted had not the direct admissions during the year shown a decrease of 802, probably due, to a considerable extent, to the lack of beds available for new cases.

During 1930, as the result of numerous small additions and re-arrangements, increased accommodation was provided for 388 males and 639 females. Owing, however, to the increase in numbers resident during the year, the number of patients on the 1st January last in excess of the accommodation, as prescribed by our Board, was 452 males and 1,635 females.

The position with regard to accommodation is thus even more serious than when we called attention to it a year ago. There has been a hesitation on the part of Local Authorities to embark on schemes for the provision of additional accommodation,

probably due to the hope that they might be able to avail themselves of suitable Poor Law accommodation vacated as a result of the provisions of the Local Government Act, 1929 ; but now there is little indication of any substantial relief being afforded in this direction.

The following were the more important alterations and extensions—each estimated to exceed £10,000 in cost—plans of which received statutory approval during 1930 :—

Mental Hospitals—

Cumberland and Westmorland.	Additions and alterations to the administrative block, kitchen and stores department.		
Denbigh ..	Erection of— (a) Reception hospital to accommodate 25 males and 25 females. (b) Convalescent villa for 20 females. (c) Villa for 50 men. (d) Nurses' home to accommodate 83 persons.		
Brentwood ..	Erection of new laundry and boiler house.		
Severalls ..	(a) Additions to children's block. (b) Additions and alterations to nurses' block at main building.		
Chartham ..	Nurses' home to accommodate 29 persons.		
Lancaster ..	Alterations to boiler house and provision of new boilers.		
Banstead ..	Admission hospital to accommodate 50 males and 50 females.		
Long Grove ..	Erection of sanatorium to accommodate 30 females.		
Springfield ..	(a) Nurses' home to accommodate 137 persons. (b) Residences for two assistant medical officers.		
Salop ..	Purchase of Oxon Hall to be used for the accommodation of female patients.		
Cheddleton ..	Erection of new farm buildings.		
Brookwood ..	Erection of— (a) Two villas (40 males and 40 females). (b) Two convalescent villas (20 males and 20 females).		
Netherne ..	Extensions to provide accommodation for 480 patients, viz :—		
		M.	F.
	(1) Hospital block	80	80
	(2) Extension—main building ..	—	80
	(3) Five villa blocks—each for 40 patients	80	120
	(4) Two convalescent villas—each for 20 patients	20	20
		<hr/>	<hr/>
		180	300
	(5) Extension of nurses' home for 44 nurses.		
	(6) Extension of (a) laundry; (b) sewing room; (c) dressing room; and (d) additional bedrooms for maids.		
	(7) Extensions to nurses' mess room.		
East Sussex ..	Erection of 8 pairs of cottages for staff.		
West Sussex ..	Erection of block for 115 females and villa for 50 females.		
Yorks, E. Riding	Conversion (with additions) of isolation hospital into nurses' home to accommodate 44 persons.		

Winson Green ..	Adaptation of "Uffculme" as a convalescent home for males.
Brighton ..	Adaptation of "Beechmont House" for the accommodation of 50 private females.
Bristol	(a) Purchase of approximately 268 acres of land at Barrow Gurney to provide a site for the erection of a second mental hospital. (b) Erection of a nurses' home to accommodate 77 persons.
Hull	Admission hospital to accommodate 25 males and 25 females.
Leicester City ..	Nurses' home to accommodate 74 persons.
Portsmouth ..	Erection of two villa blocks to provide accommodation for 62 males and 62 females.

2. Admissions, Discharges and Deaths.

On the 1st January, 1931, the County and Borough Mental Hospitals contained 119,659 certified patients, classified as follows :—

—————					Males.	Females.	Total.
Private	...	...	...	...	6,440	2,963	9,403
Rate-aided	...	...	...	...	46,584	63,579	110,163
Criminal	...	...	...	...	79	14	93
Total...	...	...	...	...	53,103	66,556	119,659

This was a net increase of 2,410 in the number of patients resident, as compared with 1st January, 1930.

Direct Admissions.—During 1930 there were 19,599 "direct" admissions, as shown below :—

—————					Males.	Females.	Total.
Total admissions in 1930	...	...	...	...	9,618	11,842	21,460
Deduct transfers from other institutions, and re-admissions on fresh reception orders to replace lapsed orders	...	...	...	...	895	966	1,861
Number of direct admissions	...	...	...	...	8,723	10,876	19,599

The direct admissions in 1930 were 1,016 fewer than the average of the preceding ten years, the males being 585 and the females 431 below the average; as compared with 1929, the male admissions decreased by 455 and the female by 347.

First-attack Cases.—Owing to absence of full and reliable history, these cannot be given in actual numbers, and it is safer to be content with stating that, of the direct admissions in 1930, 20·3 per cent. (males 18·2, females 22·0) had been previously discharged from reception orders. This percentage is 0·1 below the average of the preceding five years.

Discharges and Transfers.—During 1930 these numbered 11,193, of whom were :—

	Males.	Females.	Total.
Discharged—			
Recovered	2,603	3,858	6,461
Relieved	1,023	1,474	2,497
Not improved	206	174	380
By operation of law (lapsed orders, &c.)	144	63	207
Transferred to other institutions for the insane or to single-care ...	819	829	1,648
Total	4,795	6,398	11,193

The percentage of total discharges (recovered, relieved, and not improved) to admissions was 47·6, or 0·9 above the average of the preceding five years, while the percentage of recoveries alone was 33·0 (males 29·8, females 35·5), as compared with an average of 31·7 for the preceding ten years. There was, as usual, a marked difference between the County and the Borough Mental Hospitals with respect to recovery rates, the percentages being 32·0 and 37·8 respectively.

Deaths.—During the year, 7,857 patients (3,883 males and 3,974 females) died.

The proportion per cent. of deaths to the daily average number of patients resident was 6·7 (7·4 males and 6·1 females). This was 1·3 below that of the previous year, and was 0·6 below the lowest rate previously recorded. It is worthy of note that no fewer than 12 per cent. of the deaths occurred within one month of admission.

The number of *post-mortem examinations* was 5,404, being 68·8 per cent. of the deaths. The percentage of these examinations varied from 90 or over at the Cumberland, Barming Heath, Napsbury, Cheddleton, Barnsley Hall, Wakefield, Wadsley, E. Riding, Canterbury, Derby Borough and Sunderland Mental Hospitals to such low percentages as 17 (Portsmouth) and 15 (Carmarthen).

Service Patients.—On the 1st January, 1931, these numbered 4,678, being a decrease of 40 during the year. There were also on the same date 421 “ex-Service” patients (11 less than in the

previous year), the cost of whose maintenance is defrayed by our Board from a special Exchequer grant (see Eleventh Report, p. 31).

3. Changes among Medical Superintendents.

Gloucester.

Dr. John Marnan, owing to the condition of his health, resigned early in 1930. He had been a member of the medical staff for 21 years, during thirteen of which he had held the position of Superintendent; and in all had completed over 27 years in the service of mental hospitals. The intimate knowledge he was able to maintain of his patients was characteristic of his work. To succeed him, the Committee of Visitors, after advertizing the post, appointed Dr. Frederick C. Logan (M.B. Glasg., F.R.F.P.S.), who, besides considerable previous general hospital experience, had had ten years' service at Prestwich Mental Hospital, during six and a-half of which he had occupied the post of Deputy Superintendent.

Ipswich.

Dr. William Mitchell Ogilvie, who for nearly fifteen years had successfully filled the post of Superintendent here, retired in September, 1930. Including previous service at other mental hospitals, he had spent 30 years in the care and treatment of those suffering from mental disorders. To fill the vacancy thus created, and after advertizing the post, the Committee appointed Dr. Percy Banbury (M.R.C.S. Eng., L.R.C.P. Lond., D.P.M.), who, besides experience at a General Hospital and at the Crichton Royal Institution (Dumfries), had completed some seven years' service at Long Grove, Banstead and West Park Mental Hospitals.

Plymouth.

Dr. William Starkey, who, with much ability and a constant effort to maintain progress, had occupied the post of Superintendent here for 13½ years, retired at the end of March, 1930. During the same period he was also Mental Deficiency Officer for the City of Plymouth. Previously, for fifteen years he had been a member of the medical staff at Prestwich Mental Hospital; and thus, including time spent in two similar institutions in Ireland, he had devoted 30 years of his professional life to the service of public mental hospitals. Dr. Starkey gave great help in the working out of a scheme intended considerably to extend the accommodation at this Hospital. As Physician to a clinic at the South Devon and East Cornwall Hospital, he has taken an active interest in the Out-patient treatment of Nervous and Mental disorders; and for nine years he was Neurologist to the Ministry of Pensions in this area. We are glad to know that his experience is still available, and at present is being utilized at a branch of St. Andrew's Hospital. After advertizing the post, the Visiting Committee

appointed as his successor Dr. Ernest G. T. Poynder (M.R.C.S. Eng., L.R.C.P. Lond., D.P.M.), who, besides previous experience as Sub-Director of the Egyptian State Mental Hospitals, had completed twelve years' service at Claybury and Long-Grove Mental Hospitals.

Leicester and Rutland (Narborough).

Dr. Rothsay Charles Stewart relinquished his position as Superintendent here in January, 1930. His connection with the mental hospital staff of these two counties began when he was appointed Assistant Medical Officer in 1886 to the original building which, situated in the City of Leicester, dated from 1837 and of which he became Superintendent in 1895. The new District Mental Hospital at Narborough was opened in 1908, and a considerable share in the work of its equipment, organization and development naturally fell upon Dr. Stewart, in all of which he was very successful. Including some early experience at Peckham House, Dr. Stewart has been actively engaged for rather more than 36 years in mental hospital administration and the treatment of mental disorders. As his successor, and after advertizing the vacancy, the Committee appointed Dr. Kenneth K. Drury, M.C. (M.D. Dubl., D.P.M.), who for nine years had been Deputy Superintendent at Stafford County Mental Hospital, and who, with previous service at Hatton and Caterham Mental Hospitals and at the Stewart Institution, had had in all some 17 years' experience in mental disorders and in mental deficiency.

4. *Finance.*

The total expenditure on the upkeep of the County and Borough Mental Hospitals in England and Wales, and on the maintenance, supervision and treatment of the patients in them, during the financial year ended 31st March, 1930, amounted to £8,148,752, distributed as follows :—

	£
Maintenance	7,028,845
Building and repairs	1,080,886
Land purchased	32,001
Land rented	7,020
	<hr/>
	£8,148,752
	<hr/>

The above figures do not include any expenditure on new institutions as yet unoccupied.

Compared with the preceding financial year, there were increases of £90,610 in the cost of maintenance, £81,469 in the

cost of building and repairs, and £12 in the amount paid for land rented ; while there was a decrease of £4,596 in the outlay on the purchase of land, making a total net increase in expenditure of £167,495.

Average Weekly Cost.—The average weekly cost per head of maintenance, excluding the cost of repairs, additions and alterations, was as follows :—

		s.	d.
In County Mental Hospitals	...	21	8 ³ / ₄
In Borough Mental Hospitals	...	24	5 ⁵ / ₈
In both taken together	... ..	22	4 ⁷ / ₈

The items making up the average weekly cost for the last two financial years are contrasted in the following table :—

DETAILS OF THE AVERAGE WEEKLY COST.	County Mental Hospitals.		Borough Mental Hospitals.	
	1928-29		1928-29	
	s.	d.	s.	d.
Provisions not supplied from institution garden and farm, but procured from outside the institution (including malt liquor in ordinary diet)	4	4 ³ / ₄	4	4
Garden and farm	1	7 ¹ / ₄	2	5 ¹ / ₈
Clothing of patients and staff ...	1	0 ¹ / ₂	1	1 ⁷ / ₈
Salaries and wages (excluding deductions for board, lodging, and washing, and deductions under the Asylums Officers' Superannuation Act, 1909)	9	4 ⁵ / ₈	10	5 ¹ / ₈
Pensions, gratuities, &c. (charged to maintenance account) ...	0	10 ¹ / ₈	0	8 ⁵ / ₈
Necessaries (e.g., fuel, light, washing, &c.)	2	2 ⁵ / ₈	2	10 ⁵ / ₈
Surgery and dispensary	0	2 ⁵ / ₈	0	3 ¹ / ₄
Malt liquor, wine and spirits (not included in ordinary diet) ...	0	0 ¹ / ₈	0	0 ¹ / ₈
Furniture and bedding	0	9	0	10 ¹ / ₂
Miscellaneous	1	11 ³ / ₄	2	5
	22	5 ³ / ₈	25	10 ¹ / ₈
Less Moneys received for articles, goods, and produce sold (exclusive of those consumed in the institution)	0	9 ¹ / ₂	1	1 ³ / ₈
NET TOTAL average weekly cost per head ...	21	7 ⁷ / ₈	24	8 ³ / ₄

In making comparisons between the County and the Borough Mental Hospitals, it should be borne in mind that the former are on the average twice the size of the latter ; and that up to a limit, not easy to define, the larger the number of patients in an institution the smaller the cost per head tends to be.

The average weekly cost per head for all institutions was $\frac{1}{8}$ d. lower than in the preceding year, the fluctuations in the individual items being too small to call for comment.

Pensions.—The average weekly cost per head of pensions granted under the Asylums Officers' Superannuation Act, 1909, was 1s. $1\frac{1}{8}$ d. There was also a sum of £16,693 paid direct by County and Borough Councils for pensions, granted under the Lunacy Acts of 1890 and previous years, which do not appear on the accounts of the several Visiting Committees. The inclusion of this sum raises the cost per head of pensions, gratuities, etc., to 1s. $1\frac{3}{4}$ d. per week.

5. *Causes of Death during 1929.*

The time that elapses between the receipt of the mortality statistics for any given year and the preparation for publication of our Report for that year is too short to permit of an adequate study of the aggregate figures and the compilation of a complete analysis of returns. The subjoined table, therefore, refers to the deaths that occurred in County and Borough Mental Hospitals during 1929, the equivalent details relating to the year covered by this Report (1930) being not yet available. Some reference, however, will be made, in the section that follows this, to the mortality for 1930 in regard to certain diseases, particular reference to which necessitates the production of the latest possible information. This procedure is in accord with that adopted during recent years.

Causes of Death in the cases of all Patients in County and Borough Mental Hospitals who died during the year 1929. The daily average number of patients resident during the year 1929 was 115,875. (Males, 51,498 ; Females, 64,377.)

Cause of Death. (The numerals refer to the International List of Causes of Death as adapted by the Registrar-General for use in England and Wales.)						Number of Deaths.		
						Males.	Fem.	Total.
1.	Enteric Fever	...	...	...	...	6	26	32
8.	Scarlet Fever	...	...	...	...	1	1	2
11.	Influenza	...	...	...	...	136	298	434
16.	Dysentery	...	...	...	...	20	19	39
21.	Erysipelas	...	...	...	...	7	16	23
23.	Encephalitis lethargica...	...	...	...	...	8	12	20
31.	Tuberculosis of the respiratory system	...	...	...	...	373	352	725
32-37.	Other forms of tuberculosis	...	...	...	...	36	42	78
43-49.	Cancer and other malignant diseases	...	...	...	...	134	220	354
57.	Diabetes	...	...	...	...	11	18	29
74.	Cerebral haemorrhage, apoplexy, etc.	...	...	...	...	158	193	351
76.	General paralysis of the insane	...	...	...	...	660	176	836
77.	Other forms of insanity	...	...	...	...	83	127	210
78.	Epilepsy	...	...	...	...	184	132	316
83.	Cerebral softening	...	...	...	...	76	89	165
84.	Other diseases of the nervous system	...	...	...	...	54	44	98
88.	Acute endocarditis and myocarditis	...	...	...	...	98	144	242
90.	Other diseases of the heart	...	...	...	...	538	757	1,295
91.	Diseases of the arteries	...	...	...	...	309	361	670
99.	Bronchitis	...	...	...	...	99	143	242
100 & 101.	Pneumonia (all forms)	...	...	...	...	473	666	1,139
113 & 114.	Diarrhoea and Enteritis	...	...	...	...	7	27	34
128 & 129.	Nephritis	...	...	...	...	136	222	358
164.	Old age	...	...	...	...	300	443	743
	All other diseases	...	...	...	...	362	389	751
	Violent deaths (including suicide)	...	...	...	...	48	29	77
Total						4,317	4,946	9,263

6.—*Infectious and Allied Diseases during 1930.*

The following infectious diseases occurred among the patients and staff of mental hospitals during the year :—

	Patients.			Staff.		
	M.	F.	Total.	M.	F.	Total.
Diphtheria	8	7	15	2	8	10
Scarlet Fever	24	28	52	1	11	12
Measles	20	8	28	1	1	2
German Measles	1	2	3	1	—	1
Chicken Pox	15	13	28	—	—	—
Mumps	—	3	3	—	3	3
Puerperal Fever	—	3	3	—	—	—

One girl died from *diphtheria*. There were no deaths from *scarlet fever* or *measles*. Five cases of *smallpox* occurred at Claybury Mental Hospital, without any fatality.

Tuberculosis.

At the beginning of 1930, the number of patients under treatment for this disease was :—

—					Males.	Females.	Total.
Pulmonary	...	...	...	...	434	569	1,003
Other forms	...	...	...	...	76	130	206
					510	699	1,209

This is equivalent to a prevalence of 10·3 per thousand of the total number of patients resident.

Twelve male and six female members of the staffs also were under treatment for pulmonary tuberculosis and one of each sex for other forms of the disease.

Fresh Cases or Incidence.—There have been fewer fresh cases during the year by 37, which, together with the increase in the average number resident, has resulted in a lowering of the average incidence rate from 8·5 per 1,000 in 1929 to 8·0, a similar figure to that obtaining in 1928.

No fresh cases were found in the mental hospitals of Winson Green (Birmingham), Exeter or York, and one only in West Sussex, the Isle of Wight, Scalebor Park, Ipswich and the City of London. Five of these 8 hospitals belong to Cities or County Boroughs and one receives only private patients.

The highest incidence occurs in the mental hospitals of Notts County (28·1), Middlesbrough (25·7), Cumberland (20·9), Derby County (19·1), Cotford (17·9), Northumberland (16·9). Middlesbrough and Notts County Hospitals exchange first and second places in the highest incidence and death rates.

At the East Sussex Mental Hospital the complement fixation test for tuberculosis was carried out on 227 new admissions, and an average certain incidence of 2·28 per cent. or 22·8 per 1,000 was discovered.

Geographical distribution.—With regard to fresh cases, this again exhibits a certain relationship with the distribution observed in 1929 in the general population.

Seasonal Incidence.—For several years we have made a comparison between the number of notifications of fresh cases of pulmonary tuberculosis in the first half and in the second half of

the year, with the uniform result that the greater number is found in the first half—that is, at the end of the winter, rather than at the end of the summer. This observation agrees with similar returns for the general population of England and Wales made to the Registrar-General, through whose courtesy the figures have been supplied to this Board.

For the year 1930 the notifications of pulmonary tuberculosis were :—

—	Mental Hospitals.	General Population.
January to June	498	26,916
July to December	369	23,935

Deaths.—There have been 64 fewer deaths than in 1929 from this disease and the death rate for the mental hospitals of England and Wales has been reduced from 6·9 to 6·3 per 1,000 patients resident. The table below shows the form of the disease and the sex distribution.

Tuberculous Deaths.	Males.	Females.	Total.
Pulmonary	351	316	667
Other forms	37	35	72
All forms	388	351	739

The highest death rates (per 1,000 resident) occurred in Middlesbrough (30·0), Notts County (23·9), Northumberland (18·3) Oxford (15·8), Cotford (15·3), and Durham (14·7).

A statement on the death returns from this disease in mental hospitals would be incomplete without reference to the extent to which the cause is afterwards verified by post-mortem examination in these hospitals, which is 82·6 per cent. of tuberculous deaths and 68·8 per cent. of deaths from all causes during the year. This is in great contrast to the proportion of deaths in the general population confirmed by subsequent investigation.

Remaining under Treatment at the end of the year, we find :—

—	Males.	Females.	Total.
Pulmonary	445	555	1,000
Other forms	69	127	196
	514	682	1,196

a slightly smaller number than at the commencement of the year.

The pulmonary form of the disease was present also in the cases of 9 male and 6 female members of the staffs.

Detection.—The detection of the presence of pulmonary tuberculosis in its early stage in the mentally afflicted presents considerable difficulties, which in certain hospitals are met by special methods of examination both by the microscope and by X-rays. It follows that the more assiduous and systematic the search, the higher are likely to be the numbers of fresh cases thus brought to light and notified. This, in fact, is what appears to have occurred in those hospitals where the incidence is considerably higher than the death rate. On the other hand, in 19 instances the death rate is the higher figure, and in 14 of them it was higher also in one or both of the previous two years. The smaller the actual figures of incidence and death, the more readily may an apparent discrepancy in the returns occur occasionally; but, where the deaths are repeatedly higher than the notifications in succeeding years, it is clear that there is a deficiency in the notification of fresh cases. The type of patient most readily attacked by the pulmonary form of the disease seems to be the congenital defective, particularly of the lower grades, and those with primary dementia.

Suitable quarters for the accommodation and treatment of tuberculous patients are being provided in an increasing number of mental hospitals; but there are still some hospitals where facilities for the effective separation from other patients and for appropriate treatment are inadequate.

The Enteric Group.

The total of 106 cases of typhoid and paratyphoid fevers is less by 14 than that for the previous year, and the fatal cases, 28, are fewer by 4.

The incidence is again seen to be greater among women, although the difference is less marked than in past years. The number of men affected was 34 and of women 72. Nine of the men and nineteen of the women died.

Cases were reported from 34 hospitals, in 20 of which the infection was confined to the female section. Sixteen hospitals reported only one case each. The highest number occurred in Lancaster and Oxford Mental Hospitals: in the former there were 18 and in the latter 13 patients affected. Eight occurred at Prestwich, seven at Northampton and six at Claybury.

A study of the Lancaster cases in this and previous years revealed a regular association between the estimated date of infection and the dates of heavy rainfall with flooding of the sewage screen, except where case to case infection was indicated. The provision of a larger public sewer has since been undertaken. It is probable that the number of cases here would have been much

higher but for the assiduous investigations conducted in the bacteriological laboratory of the hospital.

At the Oxford Mental Hospital an investigation was followed by the discovery of water pollution after the public supply had entered the hospital mains, and an overhaul of the water storage and the sewage systems was immediately put in hand.

At Prestwich, cases occurred in wards where former recovered patients had been collected.

Although partial segregation of former typhoid patients had been carried out at Northampton, it had not sufficed to prevent contact and direct infection in a few cases.

A search for "carriers" at Claybury discovered the presence of three, all patients, one of whom had been employed in the main kitchen.

Dysentery.

There has been a reduction by nearly a third in the number of cases reported during the previous year, which stood at 372, the total for 1930 being 254. This is equivalent to an incidence rate of 2·2 per 1,000 patients resident. The men affected numbered 130 and the women 124. The deaths were reduced to 24, 9 men and 15 women. Fresh cases were reported from 41 hospitals, 18 of which contributed fewer than 4 cases each.

The highest incidence occurred at Leicester Borough Mental Hospital, where 29 women were affected. This outbreak had been immediately preceded by structural renovations of the sanitary annexes of the affected wards, with the inevitable restriction of the use of these conveniences, two wards having to share the use of w.c's. There are, moreover, certain risks, when the soil round drains is disturbed, that some contamination may be conveyed on boots into the building. A vigorously prosecuted search for "carriers" of the disease located several of them, but the arrangements for their segregation and for that of the sick were insufficient at the outset to prevent the spread of infection.

Other hospitals with a comparatively high incidence of cases were Northumberland, Notts County, Norwich, Carmarthen, Monmouth and Wiltshire. Carmarthen and Notts County also had a high incidence of cases classified as severe diarrhoea.

Severe Diarrhoea.

This represents a group of cases of diarrhoea in which a dysentery micro-organism has not been isolated in the course of a bacteriological examination, or cases in which, where there is no laboratory for such examination, the symptoms are not of the dysenteric type. The number of these cases has remained approximately constant during the last four years. In 1930 there were 189 cases so classified, 60 being among men and 129 among women. West Ham reported 20 cases of short duration, Wadsley 14, Severalls 11,

Carmarthen 20 and Notts County 11. Deaths under this condition numbered 27, being in men 8 and 19 in women.

“ Carriers ” of Intestinal Infections.—During the year a large amount of time and work has been devoted in the mental hospitals to the discovery of the source of the several intestinal infections, in particular of “ carriers ” among the patients and others, who have no clinical manifestations of illness or infection. The infective capacity of the “ carrier ” is also the subject of continued investigation as may be seen in the reports from the mental hospital at Wakefield, where, in one case, 56 examinations of excreta during the year yielded a positive culture of typhoid bacilli in 38 instances. Another patient produced 50 positive specimens out of 55 examined, the micro-organisms in this case being those of typhoid, dysentery and another diarrhoeal disease. This instructive case is a warning that a patient may be a “ carrier ” of more than one disease.

The search for typhoid “ carriers ” at Claybury brought to light 10 of dysentery as well as those already mentioned of typhoid. During the last 25 years there have been occasional cases of typhoid each year at Napsbury, and in recent years continued efforts to trace “ carriers ” in a certain group of wards have revealed six : these having been segregated, no further cases arose during the year.

Possible introduction of infections by new Entrants (Patients and Staff).—Attention has similarly been directed of late to the possible intestinal infections of freshly admitted patients : it continues to bring forward valuable information as to the presence of these infections in the general population.

In the period 1920-1930 new admissions at Wakefield have yielded 6·1 per cent. positive serum agglutination for this group, while among probationer nurses the percentage is 10·17. In 1930 an examination of 8 male probationers revealed one positive reaction for typhoid and among 82 female probationers there were 5 positive reactions for dysentery.

At the Wadsley Mental Hospital 17 per cent. of the male and 5 per cent. of the female admissions gave a positive agglutination for typhoid ; the higher percentage among the men is regarded as due partly to the protective inoculations received in the Army.

At Storthes Hall 11·2 per cent. of the male and 10·7 per cent. of the female admissions gave a positive reaction for the Flexner type of dysentery bacillus, but no positive cultures were obtained.

The determination of these serum reactions is of the greatest interest and value in indicating a past contact with disease ; but, in the search for the source of an outbreak of infection, it is clear, as Professor Shaw Bolton remarks, “ Agglutination tests cannot take the place of culture tests ” which alone prove the infectivity

of the patient. Nor is a search complete after one or two bacteriological examinations ; for, on each "combing" of the wards, it is frequently observed that fresh "carriers" are discovered.

Protective Inoculation.—Protection by inoculation is practised in an increasing number of hospitals, a desirable measure when the sources of infection are known—as, for example, when a few "carriers" are incompletely segregated. Where, however, the source of infection has not been located, it is more satisfactory to discover and, if possible, to eradicate it, rather than to depend upon the periodic re-inoculation of all patients and staff.

Influenza.

Notifications of this disease were 522 or less than a tenth of the number in the previous year. Among male patients there were 204 cases and among women 318. Thirty-nine deaths were attributed to the disease (15 men and 24 women).

The association between a high incidence of influenza, which usually has occurred in the early part of the year, with a rise in the number of cases of pulmonary tuberculosis, has been mentioned in previous Annual Reports and it is again observed that, co-incident with the fall in influenza, there is a fall also in pulmonary tuberculosis.

Pneumonia.

Deaths from this group of inflammatory lung diseases and from bronchitis numbered 1,024 or 13·1 per cent. of deaths from all causes. In the mental hospitals this is less than half the number of deaths from diseases of the heart and circulatory system ; but, in the general population, deaths from inflammatory chest diseases number at least 75 per cent. of the figure for deaths from heart and circulatory diseases.

7. *Temporary Transfer of Patients.*

The good effect not infrequently produced upon the course of mental disorder by change of surroundings and change in regime has long been recognized. Naturally, it is most often observed in the case of private patients where difficulties in settlement cannot arise and when sufficient money is available to render choice of place of residence an easy matter. It is partly because of this well-known good effect that some of the Registered Hospitals and Licensed Houses have established sea-side or country branches ; and, besides these opportunities for temporary change of surroundings, it frequently happens, perhaps at the request of the patient or the patient's friends, or upon the initiative of the physician in charge, that a private patient is transferred either from one institution to another, or into single-care, or *vice versa* : often with strikingly good results.

Such a change for the better by no means implies any reflection upon the hospital or place whence the transfer takes place, and the fact that change in environment and regime should awaken new responses and stimulate mental activity afresh is only what

would be expected. Nor need anyone be ashamed to admit that, when a patient has resided many months in a hospital, routine habits are apt to develop, and patient and all concerned may become discouraged. Obviously, in such circumstances, a change is indicated ; and we are confident that, by its own force, it not infrequently checks a downward course and replaces the patient upon the road to recovery—a belief to which we feel sure that superintendents and other experienced physicians would subscribe.

Strongly believing, as we do, in the value of these changes, it seems to us a great misfortune that the practice should be confined, save in accidental circumstances, to patients of the private class, especially when it is remembered that they are outnumbered to the extent of 8 to 1 by those of the rate-aided class. It is with the desire to see this inequality redressed so far as practicable, and because we feel sure that, in the County and Borough Mental Hospitals, there are many patients who would benefit by a transfer to another similar institution, that we thus draw attention to the subject. We are aware of the difficulties. To some extent they have been mitigated by the Local Government Act of 1929. Those which remain, we believe, can be overcome if the wish to do so is strong enough. It is our desire both to stimulate that wish and, through the agency of our Office, to render all the help that we can in the matter.

The patients that we have in mind fall into four groups :—

- (1) Those, who by accident of settlement, are far away from friends and relatives, or are removed from their home county by reason of contract with some distant local authority. Much distress is caused by this enforced separation.
- (2) A limited number, who might with advantage be sent to another hospital for a special course of treatment.
- (3) A few, who are actively hostile on account of delusions regarding individual members of the staff.
- (4) A number of comparatively recent cases, who fail to make the progress expected and appear to be settling into a state of chronicity.

It is, of course, with respect to the last two of these four groups that the beneficial effect of entirely new surroundings is likely to be sought and to avail ; and, with respect to those with hostile or other specially troublesome propensities, it is well to emphasize the fact that the transfer, with or without an exchange of patients, is not contemplated upon the ground that such patients are troublesome, but solely in the hope that the propensities in question may cease with the change of surroundings.

Moreover, the transfer could be for a stated time—say, six or twelve months—and, if at the end of that period no benefit had accrued, the patient would return to the hospital whence the transfer took place.

Voluntary Boarders.—In addition to the above patients, there were admitted during the year 577 voluntary boarders, and on the 1st January, 1931, 399 remained in residence. The hospitals where the largest number of these patients were treated were Manchester Royal Hospital, St. Andrew's Hospital, Bethlem Royal Hospital, and The Retreat, which absorbed between them over 60 per cent. of the voluntary admissions into Registered Hospitals.

The number of certified patients in residence decreased by 81 during the year, and the voluntary boarders by 30.

Bethlem Royal Hospital.—The extensive grounds and modern buildings which constitute the fourth Hospital of Bethlem were graciously opened by H.M. The Queen, on the 9th July last.

This hospital can claim to have a history which goes back through more than 700 years. We believe that there can be no one acquainted with this ancient Foundation and with the great work that it has done for the Metropolis, who did not entertain a slight feeling of regret when it was decided to move it from London. It should not, however, be forgotten that this is by no means its first change of site and that, although the previous migrations have all been within the Metropolitan area, each of them has had as a prime object the attainment of better and more suitable environment for the fulfilment of the hospital's important functions, namely, the study, treatment and cure of mental disorders and more especially the extension of these benefits to those who are unable to defray the full cost.

It is no doubt this object which has brought about the move from Lambeth to the beautiful estate in Kent known as Monks Orchard, near Beckenham. We are well aware that the change was not made without prolonged thought and until a conclusion had been reached that it was impossible in the old buildings and surroundings to remodel the hospital so as to provide for classification on modern lines, and to permit of the introduction of means of study and methods of treatment which medical science demands. We venture to congratulate the Governors on their courage and to express our conviction that this new Bethlem will maintain its former great traditions and by the steady pursuit of its high aims will enhance still further its value and its fame.

We venture to reiterate our hope that means will be forthcoming to establish in London as part of its work, a Treatment Centre (with beds), affiliated to the hospital of one of the medical schools ; and that, in the out-patient department of the latter there may be a section for mental cases for whose treatment the skilled services of the Bethlem medical staff may still be available.

NAVAL AND MILITARY HOSPITALS.

Royal Naval Hospital, Great Yarmouth.—This hospital was visited on September 16th, 1930, by a member of our Board, who

reported favourably upon the conditions which prevailed and that the patients in general seemed very contented. In view of the decision to continue the use of this hospital—which for 76 years has so admirably served its purpose—patients are again being admitted and there were at the date of the visit 27 officers and 91 other ratings in residence.

There had been an entire freedom from epidemic or infective disorder and the incidence of tuberculosis was and had been for some years satisfactorily low, due it was suggested in some measure to the good scale of diet which obtains at this hospital. This hospital's long record of complete freedom from bedsores continues unbroken.

Royal Military Hospital, Netley.—After his visit on 28th August, 1930, the member of our Board reported that the two officers and 25 other ranks whom he found in residence in the mental wards of this hospital were well cared for in every respect, contented, appreciative of their surroundings and in receipt of skilled treatment and attention.

Since the last visit, in addition to general re-decoration, the officers' billiard hut has been re-conditioned, two new padded rooms have been added and wireless sets have been installed.

STATE CRIMINAL ASYLUM, BROADMOOR.

The two Commissioners who visited this institution on 7th November, 1930, formed a favourable impression of the manner in which it is administered and were satisfied that the patients were treated with great care and consideration.

Since the last visit from members of our Board electric light has been installed in four of the male blocks, the administrative buildings, workshops and stores; improved sanitary fittings have been supplied to some male blocks, the mortuary has been reconstructed and other improvements have been effected. The extension of the electric light is in progress and the domestic hot water service is to be improved.

The number of patients resident was 815—males 615, females 200.

LICENSED HOUSES.

(Fifty-four in number.)

On the 1st January, 1931, there were 19 Metropolitan Houses licensed by us and 35 Provincial Houses licensed by Justices for the reception of patients under the Lunacy Acts, the same number as a year previously.

Certified Patients.—The percentage of discharges (recovered, relieved, and not improved) to the direct admissions during 1930 was 55·1 (males 49·2; females, 57·9), and of recoveries alone, 26·6 (males 25·2; females, 27·3); the percentage of deaths to daily average number resident was 10·5 (males 12·7; females, 9·3).

The following table gives the numbers and distribution of the certified patients detained in these Houses on 1st. January, 1931 :—

Certified Patients.					Males.	Females.	Total.
Number on 1st January, 1930—							
Metropolitan	...	...	...	...	380	726	1,106
Provincial	...	...	...	...	579	925	1,504
Admitted :—							
Metropolitan	...	...	...	...
Provincial	...	...	...	...
Discharged :—							
Recovered—							
Metropolitan	...	...	...	...
Provincial	...	...	...	...
Relieved—							
Metropolitan	...	...	...	...
Provincial	...	...	...	...
Not improved—							
Metropolitan	...	...	...	...
Provincial	...	...	...	...
By operation on law (lapsed orders, &c.)—							
Metropolitan	...	...	...	...
Provincial	...	...	...	...
Transferred to other insti- tutions for the insane or to single-care—							
Metropolitan	...	...	...	...
Provincial	...	...	...	...
Died—							
Metropolitan	...	...	...	...
Provincial	...	...	...	...
Number on 1st January, 1931—							
Metropolitan	...	...	...	...	368	695	1,063
Provincial...	...	...	...	...	561	933	1,494

These figures show that the number of certified patients decreased during the year by 43 in Metropolitan Houses and by 10 in Provincial Houses.

Voluntary Boarders.—In addition to the above patients, there were admitted during the year 766 voluntary boarders (337 to

Metropolitan and 429 to Provincial Houses ; thus, of the total of 1,749 admissions, 43·8 per cent. were voluntary. On the 1st January, 1931, there were resident 156 in Metropolitan and 222 in Provincial Houses—an increase during the year of 13 in the former and of 11 in the latter.

Our inspection of these Houses during the past year enables us to say that they are so administered as to afford due care and supervision to those in residence.

Variations in Licences.—The changes that have taken place in the licences of the Metropolitan and Provincial Houses are noted in the list of those Houses, which, with their present licensees, will be found in Appendix H. in Part II. Among them may be mentioned :—

Clarence Lodge.—Mrs. F. E. M. Thwaites, one of the resident licensees of this House, died on the 4th January, 1930. Mrs. Thwaites had for long been associated with the management of this House and the kindly solicitude and attention which she displayed towards those under her care were always recognized and appreciated by us.

SINGLE-CARE.

The following table shows the changes that have occurred during the past year among the patients residing in single-care under the provisions of the Lunacy Acts, but exclusive of those who have been found insane by inquisition.

Certified Patients.				Males.	Females.	Total.
Number on 1st January, 1930				91	258	349
		M.	F.	T.		
Direct admissions		4	14	18		
Admitted on transfer		29	68	97		
Discharged :—						
Recovered		4	17	21		
Relieved		4	13	17		
Not improved		1	1	2		
By operation of law (lapsed order)		—	1	1		
Transferred to other single- care or to institutions for the insane		19	41	60		
Died		8	14	22		
Number on 1st January, 1931				88	253	341

These figures show a decrease of 8 in the number of single patients during the year. Compared with the previous year, there was a decrease of 2 in the number of admissions, and an increase of 9 in the number of discharges, excluding transfers, while the deaths decreased by 2.

We are able to report, as a result of our visits to these patients—to some of whom a second visit has been paid—that the arrangements for their care and treatment were generally quite satisfactory.

THE CERTIFIED INSANE IN PUBLIC ASSISTANCE INSTITUTIONS.*

The number of patients certified under the Lunacy Acts and detained in Public Assistance Institutions on 1st January, 1931, was 14,928 (males 6,537, females 8,391).

It is to be observed that these figures relate only to persons certified under the Lunacy Acts, and by no means represent the total number of mental cases in these institutions.

SUICIDES.

The number of certified patients who died as a result of a suicidal act in 1930 shows a considerable reduction as compared with the previous year, falling from 55 to 47. There were no suicides among voluntary boarders.

—	The suicidal act committed :—		
	Before admission.	Whilst under care (including escapes).	Whilst on leave or trial.
County and Borough Mental Hospitals	5	22	15
Registered Hospitals	2	1	—
Licensed Houses	—	2	—
Total	7	25	15

In view of the large number of suicidal patients under care it is remarkable how few fatalities occur. Of the 25 cases reported as having occurred whilst under care, no less than 17 of these patients were not deemed to be suicidal at the time; and, of these, 5 were considered sufficiently well to be given parole.

The care of suicidal patients necessarily involves continuous anxiety. In spite of the most careful examination some patients conceal their intentions and even pretend to be better than they

* The number of mental defectives in these institutions will be found on page 91.

are. Others are for the time being better, but later are overwhelmed by sudden unforeseen temptation. It can never be a simple matter to decide when patients can be trusted, yet the decision has to be made in practically every case of melancholia that is placed under care. Moreover, patients may commit suicide who are not depressed, and give little indication of a tendency in this direction.

In eight cases patients under treatment in Mental Hospitals were known to be suicidal and the deaths were due to a failure to take effective precautions. One of these occurred when the patient was visiting his friends in the charge of a nurse: it was a foggy night and he gave the nurse the slip and was killed on the railway. In two cases the medical officers had authorized some relaxation of precautions and the nursing staff were exonerated from blame. In a fourth case, a patient, not on a suicidal caution card and sleeping alone, broke a hand mirror; the nurses failed to collect all the fragments and did not effectively search the room and bedding; this patient later cut her throat with a fragment of glass.

There were, however, four cases in which nurses neglected to carry out instructions.

(1) A nurse momentarily left a patient (H. H., The Priory, admitted 27th March, 1930) in bed in a single room, giving her an opportunity of setting her clothing on fire with some matches she had secreted. It was ascertained later that another nurse had broken the regulations in regard to matches, which had been brought into the patient's room unknown to the nurse on duty.

(2) Whilst shaving patients with a safety razor, a nurse was careless in the custody of spare blades. A patient (H. S., Parkside, admitted 24th March, 1930) in bed near by, managed to obtain one of the blades and fatally injured himself. The nurse was reduced in rank, she refused to return to duty and left the hospital.

(3) A suicidal patient (M. P., Cheddleton, admitted 14th March, 1929) was left by the nurse so that he gained access to a room with a fire. He died of burns. The nurse was dismissed by the Visiting Committee.

(4) Neglect to hand over effectively a suicidal patient (F. J., Menston, admitted 15th September, 1926) to another nurse gave the patient the opportunity to slip into a side room where she hanged herself. The Jury's verdict at the inquest was that "the nurse should have handed over the deceased to another nurse, but having regard to the fact that she had 12 other patients to attend to they do not think she was neglecting her duty." The Visiting Committee on reviewing the case considered that the nurse should be severely reprimanded.

Fifteen patients died by suicide whilst on leave of absence or on trial. It is impossible in these cases to ascertain the reason,

whether there was a sudden relapse, or a feeling of hopeless incapacity when in contact with the world, or whether a mistake had been made in regard to the real state of the patient.

ALLEGATIONS OF ILL-TREATMENT.

W. J., a rate-aided patient, 42 years of age, admitted in August, 1929, to Colney Hatch Mental Hospital. Complaints having been received regarding the treatment of this patient, which included serious allegations of ill-usage by male attendants, we decided to hold a sworn inquiry into the circumstances at the hospital.

The inquiry was held on the 5th and 6th May, 1930, by two Commissioners, and was attended by the wife and friends of the patient, representatives of the Visiting Committee, and members of the medical and nursing staffs. On the first day the Visiting Committee and the wife of the patient were legally represented. After hearing the evidence and examining the records, the Commissioners came to the following conclusions :—

(1) That W. J. was at the time of admission and afterwards a suitable case for a mental hospital and could not have been properly treated elsewhere than in one.

(2) That the scratch on the throat was caused by P. (a patient) and not by one of the staff.

(3) That there was no persecution or cruelty and that the removal from the stores and subsequent removal to other wards was always done under the Medical Officer's orders, and the necessity for it arose from the deterioration of the mental state due to progressive relapse.

(4) That in April he was not held down by attendants while others "bashed" his eyes with the bones of the hands and wrists.

(5) That the Assistant Medical Officer did not admit the assault and ill-treatment or admit that W. J.'s story was true, nor did he apologise other than with a proper idea of soothing a distressed woman.

(6) That the effusion of blood and consequent discolouration of the eyes was due to partial strangulation, but there is no definite evidence how or when this occurred.

(7) We think that as an unusual accident had occurred to the patient, the actual nature of which was not fully understood, it would have been better to have informed his wife without waiting for her to visit; that to allow Mrs. J. and her child to go to see the patient without warning her of the state he was in was a serious error of judgment on the part of the person responsible; and we think that all those in charge of wards should be instructed to warn visitors in all cases where the patient visited is in such a mental or physical state as is likely to surprise or to shock the visitor.

(8) With this exception we do not feel justified in blaming any of the staff concerned in the case who, in our view, dealt with a difficult patient to the best of their ability and without undue roughness.

(9) During the course of the case one of the patients alluded to "putting the rope on," and we feel bound to mention it. This appears to be a method of dealing with a difficult patient by putting the arm round the chest and holding the chin up with the back of the hand. We could find no evidence

of this grip being used in this case, and even if it were used we doubt whether the symptoms described could have been caused in this way. From the evidence, however, we have little doubt that this grip has been used in the past. Without much more information we are not prepared to say it is necessarily an improper method of controlling a violent patient, but we think the Medical Superintendent's attention should be drawn to the matter.

USE OF SEDATIVES.

For several years the authorities of all mental institutions have supplied our Board with particulars regarding the use of sedatives, giving the quantities used annually and the average number of sleeping draughts administered nightly. We realize that this has involved much trouble, and we appreciate the efforts of those concerned in making these returns as accurate as possible.

As would be expected, the examination of the data supplied shows a wide variation in practice. There is clearly no consensus of opinion in respect to the value of sedatives in the treatment of mental illness. Some institutions use hardly any, but it can be said that in no case are the quantities used excessive. There is also little agreement regarding the value of individual drugs. Some given freely in one hospital are rarely, if ever, used in another. It is in no critical spirit that we draw attention to this divergence in practice, but we suggest that the subject is one that needs further study and investigation. Research is much wanted, so that it may be possible to define more clearly the conditions under which sedatives should be prescribed.

It seems clear that order and tranquillity of mental hospitals bear little relation to the extent to which sedatives are used.

II. MENTAL DEFICIENCY.

1. ACCOMMODATION.

In order to form a just estimate of the progress of the provision, both public and philanthropic, which has been made for the mentally defective, it is necessary to take into consideration a far longer period than is usually reviewed in an Annual Report. Twenty years ago, if we exclude Poor Law provision, the available beds in Homes and Institutions specially provided for the mentally defective did not exceed 3,000. To-day, including approved Public Assistance Institutions, they number some 25,000. As no provision of accommodation from public funds other than Poor Law was possible until the passing of the Mental Deficiency Act in 1913, and as the subsequent years included the Great War and the consequent financial restrictions, we think the progress made in this health service is encouraging. Much still remains to be done, but what is more satisfactory than the actual number of beds provided during the past few years, is the very marked awakening of Local Authorities to the wisdom and necessity of carrying out their duties under the Mental Deficiency Act. This awakening is all the more remarkable as it has taken place in spite of the financial stringency and in spite of the fact that this service no longer ranks for a percentage grant.

Up to the present time 39 estates have been acquired by Local Authorities for the purpose of developing Colonies. These Colonies should ultimately serve the needs of 74 Authorities, of which 29 are County Councils and 45 are County Boroughs. In some cases, the accommodation is to be shared between Local Authorities who have formed Joint Boards for Colony provision ; in others, one Authority is undertaking to provide accommodation and to receive patients from other Authorities on a contractual basis. Thirteen other Local Authorities (10 County Councils and 3 County Boroughs) have the purchase of estates under consideration and have taken active steps to find suitable sites. Four other Authorities (three County Councils and one County Borough) are considering the possibility of developing a Colony on land adjacent to suitable Public Assistance Institutions.

Thirteen Authorities (five County Councils and eight County Boroughs), ten of whom are too small to take efficient and economic action by themselves, are seeking to join larger Authorities but have not so far been successful.

Ten Authorities (six County Councils and four County Boroughs) have agreements or are negotiating agreements with institutions provided by philanthropic effort, namely, Starcross, Colchester, and Stoke Park.

From the above it will be seen that 53 County Councils and 61 County Boroughs are seriously and actively considering some scheme for residential provision, while only ten (eight County

Councils and two County Boroughs) appear to have taken little or no action in this direction.

It is gratifying to note that the importance of this health service has obtained the recognition of so large a majority of public bodies. An estimate of accommodation likely to be available, if the schemes recently submitted to our Board materialize, shows that in about five years' time some 10,000 extra beds will have been provided. If this rate of progress is maintained, it should be possible to meet the demand for the most urgent of the young trainable and employable cases in about 15 to 20 years ; but this will need active, continuous and prolonged effort.

The advent of the Local Government Act, 1929, has proved a great impetus towards the realization of the extent and gravity of mental deficiency. Now that the Local Authorities can review the whole population of their districts, they are becoming aware of the fact that many persons in the Public Assistance Institutions, hitherto maintained as ordinary inmates, are in fact mentally defective persons. This has already led some Local Authorities to suggest the appropriation of certain Public Assistance Institutions for the exclusive use of the Mental Deficiency service. Four Public Assistance Institutions have already been appropriated for this purpose and more are under consideration. This will we trust lead to better classification and to more suitable conditions than have formerly been possible in a mixed institution. Generally speaking, few Public Assistance Institutions are suitable for the permanent detention of young and trainable defectives, but a number could be satisfactorily adapted for the use of the older lower grades. When each Local Authority has thoroughly carried out its ascertainment under the new conditions imposed by the Local Government Act, it will be found that the numbers of these older lower grade defectives are more than sufficient to fill any Public Assistance Institutions which can be set aside for them. The use of these existing institutions will allow the Local Authorities to devote their Colony provision to defective children and to the younger trainable and employable adults.

The present position with regard to accommodation.

The number of beds provided by Local Authorities since our last Report is 917. Of this total, 639 represent new beds, and the remaining 278 represent beds in Public Assistance Institutions which have now been certified under Section 36 of the Act of 1913 consequent upon their appropriation to the Mental Deficiency Service. The total number of beds now provided by Local Authorities is 8,614.

The 40 Local Authorities who have made some provision under Section 30 (c) of the Act of 1913 are as follows :—

	<i>Beds.</i>		<i>Beds.</i>
Bradford C.B.		Newcastle-upon-Tyne C.B.	
Ashfield — — —	50	Shotley Bridge Colony —	400
Westwood — — —	50	Norfolk C.	
Birmingham C.B.		Little Plumstead Hall —	70
Coleshill Hall — — —	300	Norwich C.B.	
Buckingham C.		Eaton Grange — —	37
The Manor House, Aylesbury — — —	99	North-Eastern C.B.s Joint Board.	
Croydon C.B.		(Darlington, Middlesbrough, South Shields, Sunderland, Tynemouth and West Hartlepool C.B.s) Prudhoe Hall Colony — — —	430
6, Morland Road — —	20	Nottingham C.B.	
Denbigh C.		Aston Hall — — —	108
Coed Du Hall — —	62	Sheffield C.B.	
Derby C.B.		Hollow Meadows — —	58
Thornhill — — —	39	Wales Court — —	50
Devon C.		Cliffe House — — —	29
Stoke Lyne — — —	57	Somerset C.	
Glamorgan C.		Sandhill Park with ancillary premises Cambridge House, Long Ashton, West End House, Shepton Mallet, and Yatton Hall — — —	285
Drymma Hall — —	79	Southampton C.	
Hensol Castle — —	100	Coldeast Colony — —	60
Ipswich C.B.		Stoke-on-Trent C.B.	
Handford Home — —	22	Stallington Hall — —	77
Kent.		Warwick C.	
Leybourne Grange — —	94	Weston Colony — —	52
Tenterden Institution —	129	Wilts C.	
Kingston-upon-Hull C.B.		Pewsey Institution —	12
Tilworth Grange — —	83	York (West Riding C.).	
Lancashire Asylums Board		Rawcliffe Hall — —	121
Calderstones — —	2,686	The Mansion, Kirkburton	60
Leeds C.B.		Oulton Hall — —	164
Meanwood Park Colony —	249	West Wales Joint Board.	
Kepstorn — — —	40	(Cardigan, Carmarthen, Pembroke, Brecon & Radnor C.s) Pantglas Hall — — —	90
Leicester C.B.			
Leicester Frith — —	277		
London C.			
The Manor — — —	1,271		
Brunswick House — —	75		
South Side Home — —	80		
Farmfield — — —	133		
Middlesex C.			
Bramley House — —	50		
Middlesex Colony, Shenley	160		
Craufurd Home — —	106		
Mid-Yorks Joint Board.			
(Leeds, York, Halifax and Kingston-upon-Hull C.B.s) Mid-Yorks Certified Institution — —	200		
Total beds provided — —	8,614	Increase on last year — —	917

The new beds provided since our last Report comprise the mansions at Hensol Castle (Glamorgan C.), Leybourne Grange (Kent C), Stallington Hall (Stoke-on-Trent C.B.), part of the first section of the Middlesex Colony, Shenley (Middlesex C.), three new villas at The Manor, Epsom (London C.), two villas at Leicester

Frith (Leicester C.B.), and a pavilion for low grade patients at Tilworth Grange (Kingston-upon-Hull C.B.). Also the following Public Assistance Institutions which have been transferred to the Mental Deficiency Service : the Tenterden Institution (Kent C.), West End House, Shepton Mallet, and Cambridge House, Long Ashton (Somerset C.), and the Pewsey Institution (Wiltshire C.).

Though the actual number of new beds provided during 1930 falls short of the number provided during the previous year, the schemes and plans now under consideration point to a substantial increase in the near future as will be seen from the following particulars :

A villa at Sandhill Park (Somerset C.) and a villa at Coldeast Colony (Southampton C.) will shortly be opened.

Statutory approval has been given to the plans and contracts of the following schemes and the buildings are in course of erection.

					Beds
Hortham Colony (Bristol C.B.)	—	—	—	—	600
Little Plumstead Hall (Norfolk C.)	—	—	—	—	240
Meanwood Park Colony (Leeds C.B.)	—	—	—	—	320
Westwood (Bradford C.B.)	—	—	—	—	240
Dovenby Hall Colony (Cumberland, Westmorland and Carlisle Joint Committee for the Mentally Defective)	—	—	—	—	185

We anticipate that contracts will shortly be submitted for Cell Barnes Colony of 600 beds (Hertford C.), St. Catherine's, near Doncaster (144 beds) (South West Yorkshire Joint Board), and three villas (180 beds) at South Ockendon Colony (West Ham C.B.). Progress is being made with the plans of the extensions (300 beds) to Brockhall (ancillary premises to Calderstones) (Lancashire Mental Hospitals Board).

The contract for the extensions (444 beds) to the Royal Eastern Counties Institution, Colchester, in order to provide additional accommodation for the Essex, Suffolk (E. & W.) and Cambridge County Councils will doubtless be submitted in the near future. The plans have already received statutory approval.

In addition to the foregoing, plans for the erection of villas at Hensol Castle (Glamorgan C.), Leybourne Grange (Kent C.), Middlesex Colony, Shenley (second section) (Middlesex C.), Aston Hall (Nottingham C.B.) and Coldeast Colony (Southampton C.) have been under consideration by our Board. The North Eastern County Boroughs Joint Board proposes to provide accommodation for low-grade patients at Prudhoe Hall Colony, and the West Wales Joint Board is considering the provision of accommodation for male patients at Pantglas Hall. The Warwick County Council anticipates early development at Weston Colony.

The following estates (other than those previously mentioned) have been acquired by Local Authorities for Colony development :

School Aycliffe (Durham C.).
 Hutton Hall, Shenfield (London C.).
 Site at Portsdown Hill, Portsmouth (Portsmouth C.B.).
 Tatchbury Mount (Southampton C.).
 Site near Stafford (Stafford C.).
 Botley's Park, Chertsey (Surrey C.).
 Bromham House, Bedford (Beds & Northants Joint Board).
 Cranage Hall (Cheshire Joint Board).
 Brandesburton Hall (Yorks (East Riding) C. and York C.B.).
 Stretton Hall (Leicester C.).

With the exception of Staffordshire, steps are already being taken by the respective Local Authorities to proceed with Colony development on all these estates ; in two further instances our Board have recommended the Minister of Health to consent to the purchase of estates by Local Authorities for the provision of Colony accommodation ; and five other Authorities (or groups of Authorities) have consulted us as to the suitability of certain properties for the same purpose.

Section 29 of the Mental Deficiency Act, 1913.—Up to the present date orders constituting Boards for the provision of accommodation jointly have been made as follows :—

Joint Committees :

1. East and West Suffolk Joint Committee.
2. Gloucestershire Joint Committee for the Mentally Defective. (The Councils of the County and of the County Borough of Gloucester).
3. Cumberland, Westmorland and Carlisle Joint Committee.

Joint Boards :

1. Mid-Yorkshire Joint Board. (The Councils of the County Boroughs of Halifax, Kingston-upon-Hull, Leeds and York).
2. Cheshire Joint Board. (The Councils of the County of Chester and of the County Boroughs of Chester, Birkenhead and Wallasey).
3. Lincolnshire Joint Board. (The Councils of the Parts of Holland, Kesteven and Lindsey and the Councils of the County Boroughs of Grimsby and Lincoln).
4. South-West Yorkshire Joint Board. (The Councils of the County Boroughs of Dewsbury, Doncaster, Halifax, Huddersfield, Rotherham and Wakefield).
5. West Wales Joint Board. (The Councils of the Counties of Cardigan, Carmarthen, Pembroke, Brecon and Radnor).
6. North Eastern County Boroughs Joint Board. (The Councils of the County Boroughs of Darlington, Middlesbrough, South Shields, Sunderland, Tynemouth and West Hartlepool).
7. Bedfordshire and Northamptonshire Joint Board. (The Councils of the Counties of Bedford and Northampton and of the County Borough of Northampton).
8. East Riding and York Joint Board. (The Councils of the County of the East Riding of Yorkshire and of the County Borough of York).

On 1st January, 1931, in 50 areas the proportion of cases in institutions was 0·50, or more, per 1,000 of the general population :

Birmingham C.B.	—	1·45	Sheffield C.B.	—	—	0·68
Somerset C.	—	1·25	West Bromwich C.B.	—	—	0·67
Ipswich C.B.	—	1·18	Montgomery C.	—	—	0·66
York C.B.	—	1·06	Kingston-upon-Hull C.B.	—	—	0·65
Exeter C.B.	—	1·02	Chester C.B.	—	—	0·64
Bristol C.B.	—	0·99	Norwich C.B.	—	—	0·64
Leicester C.B.	—	0·99	Cardiff C.B.	—	—	0·63
Bath C.B.	—	0·98	Bradford C.B.	—	—	0·62
Newcastle C.B.	—	0·96	Reading C.B.	—	—	0·62
Oxford C.B.	—	0·96	Eastbourne C.B.	—	—	0·61
Devon C.	—	0·93	Southampton C.	—	—	0·57
Wiltshire C.	—	0·91	Shropshire C.	—	—	0·56
Buckingham C.	—	0·88	Doncaster C.B.	—	—	0·55
Cambridge C.	—	0·82	Kent C.	—	—	0·54
Soke of Peterborough C.	—	0·82	Rutland C.	—	—	0·54
Leeds C.B.	—	0·81	Hastings C.B.	—	—	0·54
London C.	—	0·77	Lancaster C.	—	—	0·53
Plymouth C.B.	—	0·77	Suffolk, E. & W.	—	—	0·53
Walsall C.B.	—	0·77	Yorks, East Riding C.	—	—	0·53
Warwick C.	—	0·76	Croydon C.B.	—	—	0·53
Canterbury C.B.	—	0·75	Gt. Yarmouth C.B.	—	—	0·52
Middlesex C.	—	0·73	Worcester C.B.	—	—	0·52
Dorset C.	—	0·72	Merioneth C.	—	—	0·52
Tynemouth C.B.	—	0·70	Wolverhampton C.B.	—	—	0·51
Nottingham C.B.	—	0·68	Middlesbrough C.B.	—	—	0·50

On the other hand, 25 Local Authorities had a ratio of only 0·25, or under, per 1,000, in institutional care, of whom the ten lowest were :—

Parts of Kesteven C.	—	0·18	Swansea C.B.	—	—	0·14
Parts of Holland C.	—	0·16	Southampton C.B.	—	—	0·13
Northampton C.B.	—	0·15	Bournemouth C.B.	—	—	0·12
Brighton C.B.	—	0·14	Merthyr Tydfil C.B.	—	—	0·12
Cardigan C.	—	0·14	Barnsley C.B.	—	—	0·10

No Local Authority has yet provided sufficient beds to meet the needs of its area.

Hostels.

There has been no increase during the year in hostel accommodation provided to meet the needs of mentally defective boys and girls, whose training has fitted them to undertake work outside an institution.

The following institutions function solely as hostels and receive patients in the first instance on licence from other certified institutions :—

- Eagle House, Mitcham (Surrey Voluntary Association for Mental Welfare).
- Royal Fort Home, Bristol (The Committee of Management).
- Royal Hostel, Elstead (Surrey Voluntary Association for Mental Welfare).
- The Old Rectory, Bath (Bath Voluntary Association for Mental Welfare).

Boys and girls are also sent out to daily work from the following institutions, some of which have separate hostel branches :—

Royal Eastern Counties' Institution, Colchester.
The Manor, London C.
Western Counties' Institution, Exeter.
Warwick Branch of the State Institution.
South Side Home, London C.
Farmfield, London C.
Brunswick House, London C.
Kepstorn, Leeds C.B.
Helping Hand Home, Highgate (Committee of Management).
Dungates, Horeham Road (The Guardianship Society, Brighton).

Increased experience of the work emphasizes the importance of the part played by hostels in the process of training defectives for a return to life outside an institution under some form of community care. In all institutions where high grade defectives are received, it is found that, after a period of training, a certain number no longer need institutional supervision and care. Not only have they been fitted to perform useful work, but their behaviour has been stabilized by the social training they have received. Such activities as scouting, guiding, and games, combined with a pride in their work, have given them a self-respecting standard to live up to. After their behaviour in more responsible positions at work and play and on parole has been watched and tested in the institution, some are found to be ready for a step forward.

It is at this point that the hostel forms an invaluable link between the institution and a less restricted life in the community. A defective may be capable of performing work of economic value and yet be quite unfit for an abrupt transition to community life amongst strangers. In a hostel he has the chance of becoming self-supporting in surroundings where his needs and limitations are understood and where companionship and recreations are provided for him in his leisure time. Help is always at hand and, if at first he fails, another opportunity to make good is offered him. Under these conditions unnecessary disasters consequent upon premature relaxation of restrictions can, on the one hand, be avoided ; and, on the other hand, certain defectives, who would otherwise pass their lives in institutions, can safely be sent out to become partially independent on licence or under some other form of community care.

Hostels may also in some cases be looked upon as a more permanent method of care. Although most girls and boys, we believe, look forward to situations where they will "live in" as a promotion, there are also some who prefer daily service, whilst others show a continued need for hostel conditions. As a rule, the feeble-minded girl's best chance of success is in a situation where only one maid is kept, but this may lead to great loneliness. This is exemplified by one girl who asked whether she could not

return to the hostel to sleep ; she liked her mistress and her work, but at night, she said, she had no company in the kitchen but the cat, and she longed for the gaiety and companionship of the other girls in her leisure time. Employers also often prefer to employ a boy or girl by the day rather than to have them sleeping in.

In planning new Colonies it cannot be expected that hostels should be included in the first few years' programme. We believe, however, that eventually in the provision of institutional accommodation hostel branches will be looked upon as an economic and social necessity without which no Colony will be considered complete.

2. ASCERTAINMENT.

Section 30 (a).—The increase in the numbers of defectives discovered by Local Authorities which we noted last year has been maintained. At the end of 1930 the number reported by Local Authorities was 85,963, an increase during the year of 14,524. The ratio discovered per 1,000 of the estimated population of England and Wales is now 2·17 as compared with a ratio of 1·81 a year ago. The large increase is partly due to the provisions of the Local Government Act, 1929, which extended to cases in receipt of Poor Law relief the duty of the Local Authority to ascertain all defectives in their area. The returns show that nearly 8,000 of the above cases come under this new provision ; 4,905 of them were receiving indoor, and 3,030 outdoor, relief. From the information before us we see that 28 Local Authorities have not yet made any return of Poor Law cases, while others have not yet completed their investigations ; so that we must anticipate that the numbers will materially increase during the next few years. The increase this year is not, however, solely due to the inclusion of Poor Law cases ; for, if these are deducted, there is still an increase on last year's returns of 6,589 cases. That there is a striking difference in the activities of the various Local Authorities will be seen from the fact that the returns vary from 6·01 to 0·23 per 1,000 of the population.

The following 61 Local Authorities report the highest ratios, and it will be seen that none of them falls below 2 per 1,000 :—

Cardigan C.	—	—	6·01	Bath C.B.	—	—	—	2·72
Devon C.	—	—	5·86	York C.B.	—	—	—	2·70
Rutland C.	—	—	5·08	Smethwick C.B.	—	—	—	2·69
Ipswich C.B.	—	—	4·63	Soke of Peterborough C.	—	—	—	2·64
Cumberland,	West-			London C.	—	—	—	2·43
morland, and	Car-			Northampton C.B.	—	—	—	2·42
lisle C.B.	—	—	4·59	Carnarvon C.	—	—	—	2·40
Walsall C.B.	—	—	4·55	Bradford C.B.	—	—	—	2·40
Cambridge C.	—	—	4·34	Gloucester C. and	—	—	—	
Somerset C.	—	—	4·33	Gloucester C.B.	—	—	—	2·37
Nottingham C.B.	—	—	4·25	Leicester C.B.	—	—	—	2·37

Plymouth C.B. — —	3·91	Birkenhead C.B. —	2·36
Reading C.B. — —	3·67	Newport C.B. — —	2·32
Shropshire C. — —	3·66	Exeter C.B. — —	2·31
Oxford C.B. — —	3·61	Oxford C. — —	2·30
Hertford C. — —	3·45	Canterbury C.B.— —	2·29
Burton-on-Trent C.B.	3·43	Monmouth C. — —	2·26
Cornwall C. — —	3·41	Southampton C. —	2·26
Wiltshire C. — —	3·31	Chester C.B. — —	2·26
Suffolk, E. & W. —	3·28	East Sussex C. —	2·25
Merioneth C. — —	3·24	Parts of Lindsey C. —	2·24
Isle of Wight C. —	3·21	Pembroke C. — —	2·22
Darlington C.B. —	3·13	Buckingham C. —	2·18
Bristol C.B. — —	3·11	Portsmouth C.B. —	2·18
Dewsbury C.B. —	3·07	Southend-on-Sea C.B.	2·13
Radnor C. — —	2·97	Kingston-upon-Hull C.B.	2·11
Southampton C.B. —	2·97	Stafford C. — —	2·05
Birmingham C.B. —	2·94	Middlesex C. — —	2·03
Essex C. — — —	2·85	Hereford C. — —	2·02
Leeds C.B. — —	2·82	Newcastle-on-Tyne C.B.	2·02
Warwick C. — —	2·80	East Ham C.B. —	2·01
Leicester C. — —	2·76	Yorks, East Riding C.	2·00

On the other hand, there were 9 Authorities who reported numbers below 1 per 1,000 :—

Huddersfield C.B. —	0·90	Bournemouth C.B. —	0·74
Anglesey C. — —	0·86	Carmarthen C. — —	0·72
West Hartlepool C.B.	0·86	South Shields C.B. —	0·57
Wallasey C.B. — —	0·75	Huntingdon C. —	0·23
Stoke-upon-Trent C.B.	0·75		

Ascertainment cannot be complete in any area until it is known how many defectives have been dealt with under the Lunacy Acts and are to be found in the Mental Hospitals. We deal with the desirability of transferring suitable cases to Mental Deficiency Institutions in another section.

We cannot lose sight of the fact that the Local Authorities are fundamentally dependent on the Local Education Committees for their knowledge of young defectives. Each year brings to our notice defectives who have never been diagnosed or notified during their school life, though many of them are well-marked cases. It is not until they have committed some offence or got into serious trouble that the Local Authority hears of them, and this is sometimes too late to prevent the formation of bad habits and anti-social conduct. These cases are generally found to be those who have left ordinary elementary schools, from which there is no power of notification. Until the law has been amended to give Local Education Authorities the power of notifying a defective on leaving an ordinary school, or until the supply of Special Schools is increased to double or treble the present number, the work of the Local Authorities for the mentally defective can never assume the preventive aspect which was intended and anticipated by Parliament when the Mental Deficiency Act was passed.

It is, however, satisfactory to note that there has been a small increase in the number of defectives notified by the Local Education Authorities. During 1930, 3,274 were so notified. This is an increase of 394 over 1929, but does not show so large an increase as in 1928.

If our January returns are correct no cases from Local Education Authorities have been notified to the following ten Local Authorities for Mental Deficiency during the past year :—

Isle of Ely.	Bournemouth C.B.
Wallasey C.B.	Dudley C.B.
Hunts.	Brecon.
Newport C.B.	Pembroke.
Great Yarmouth C.B.	Radnor.

The following Authorities have only had five, or under five, cases notified to them by Local Education Authorities during the past year :—

Reading C.B.	Middlesbrough C.B.
Chester C.B.	Dewsbury C.B.
Gateshead C.B.	Doncaster C.B.
West Hartlepool C.B.	Halifax C.B.
Canterbury C.B.	Rotherham C.B.
Parts of Holland.	Wakefield C.B.
Parts of Lindsey.	Anglesey.
Soke of Peterborough.	Caernarvon.
Rutland.	Denbigh.
Burton-on-Trent C.B.	Flint.
Hastings C.B.	Merthyr Tydfil C.B.
Worcester C.B.	Merioneth.

Of the 3,668 notified in 1930, 377 have been placed in institutions, 38 under guardianship, and 2,638 under statutory supervision. No action has at present been taken in 503 cases. We have no doubt that a far larger number of these defectives should have been placed in institutions if there had been accommodation for them ; but it is satisfactory to note that Local Authorities are beginning to realize that something can be done for defectives by way of supervision pending colony provision. This is seen by the fact that the percentage of cases where no action has been taken has declined from 22·5 in 1925 to 13·7 in 1930.

Some Results of Failure to Ascertain.—The following cases illustrate the harm and expense which are the consequences of the failure to ascertain, to train and to protect mentally defective persons early in life.

(1) A mentally defective woman who was not certified until she was 36 years of age. She has had four children and states that they were all by different men. She has been convicted and sent to prison for cruelty and neglect of her children. Her rooms were found in a filthy and verminous condition. It is reported that she was always unemployable owing to her filthy habits. One of the children is in a Public Assistance Institution, two others are in Dr. Barnardo's Home, one child died.

(2) A mentally defective woman who has had nine children. Her defect was first ascertained at the inquest on her last child who died of malnutrition and wasting.

(3) A feeble-minded woman aged 33 charged together with her husband with cruelty to her five children. Her husband was sent to prison and she was certified under the Mental Deficiency Act and admitted to an institution. The children have been adopted under the Poor Law Acts.

(4) A mentally defective man aged 20, mental age 7. Observed to be unable to learn at school, but was not notified. Could not keep situations. He lost his arm through his own negligence ; was sent to a boys' home but ran away. Obtained a job as night watchman, but gave it up after a week, as he was afraid of being alone at night. Charged with indecent assault and dealt with under section 8 and sent to an institution.

(5) A mentally defective married man 28 years of age, dealt with under section 8 on a charge of carnal knowledge of an imbecile girl of 13. He had had previous convictions for loitering with intent, stealing and indecent exposure. Although his mental defect was known at school, he was not notified.

Improvement of Ascertainment.—Our suggestions for the improvement of ascertainment are as follows :—

(1) Closer co-operation between the various Committees of the County and Borough Councils, e.g., between the Statutory Committees for the Care of Defectives and the Education Committees, the Visiting Committees of the Mental Hospitals and the Public Assistance Committees.

(2) Closer co-operation between the Statutory Committees for the Care of Defectives, the Managers of Home Office Schools and Reformatories, and Prison Authorities and Remand Homes.

(3) Closer co-operation with Voluntary and Charitable Homes and Societies.

(4) The appointment of trained officers to carry out the duties of ascertainment and supervision and to develop and supervise guardianship.

(5) The appointment by the Local Authorities of Medical Officers with special knowledge and experience of mental defectives.

3. COMMUNITY CARE.

Since the publication of the Report of the Wood Committee there has been a growing realization that public care and protection of the majority of mentally defective persons must be organized outside institutions and colonies. It is estimated that 100,000 will need residential provision, but that another 200,000 need some definite and prolonged help if they are to remain, as undoubtedly they must, in the community. The problem of how to secure for this large number sufficient care, training and, in most cases, life-long protection, is a very difficult one and will need close consideration by the Authorities whose statutory duty it is to look after them.

In the first place, the existence of these large numbers raises the question of training. Can satisfactory training be given while the defective is living at home ? The answer to this question depends to a large extent on how far parents are able and willing to co-operate with the officers of the Local Authorities. This again depends on the employment by the Local Authorities of

officers who have adequate knowledge and experience of the needs of defective children and who have the tact and sympathy which alone will secure the co-operation of the parents. It is our belief that, where both these things can be secured, it will be found possible to give sufficient care, training and protection to a large number of defective children in their own homes or with guardians who will assume parental functions. The increasing provision of occupation centres in large towns is providing data which will enable us to judge the results of day training; and a few Local Authorities have initiated schemes for home training in the rural areas.

It is obvious, however, that where the parents are themselves defective, or are unable to support their children, where the mental condition of the children renders them unmanageable at home, or where proper nursing cannot be secured, these circumstances will render institutional care imperative; and such children will be numbered among the 100,000 for whom institutional provision is necessary.

Though by thorough organization of community care we may be able to meet the needs of many defective children, further difficulties arise during adolescence. It is then that we must anticipate and be particularly on our guard against the formation of bad habits leading to anti-social conduct. Is it possible to give defectives sufficient protection during this very critical period? It is frequently at this age that young defectives begin to resent interference, because they fail to realize that they cannot manage themselves or their affairs. Frequent failures and disappointments consequent on unequal competition with normal people lead to extraordinary, though well known, aberrations of conduct, to self-assertion by way of lying, thieving, sexual irregularities and sometimes to violence. Many break down mentally at this period and are admitted to mental hospitals. It is during the stress and strain of adolescence that sympathetic help and guidance is pre-eminently necessary. Can this be adequately provided by community care? The numbers are so great that to provide every defective with a friend in need will be no light task; but we believe that, if the Local Authorities can secure the right type of supervision officers, who in turn will interest and organize the unofficial help available in each area, very much might be done. There are many associations and societies and many devoted individuals who would gladly lend a helping hand to these afflicted young people. We think, however, that it is essential during this period that definite training and occupation for those who are not able to obtain and to retain employment should be continued. The age at which a feeble-minded person can contribute to his own support is as a rule definitely later than that of a normal person. It therefore follows that the training period must be prolonged. It is our opinion

that defectives who would be quite incapable of obtaining and keeping any employment when 15 or 16 years old, may become sufficiently skilled and stabilized to do so at a later age. This points to the desirability of Industrial Day Centres being established in all towns of sufficient size. In the rural districts their place can only be taken by obtaining help from charitably-minded individuals, who will undertake to train and employ defectives.

The large number of defectives now known to exist raises the question of the use to which Colony provision should be put. Should colonies be used primarily for training defectives, who could be sent out on licence or transferred to guardianship, or for accommodating those whose defect is of such a nature as to render prolonged residential care essential? It seems inevitable that the Colony must provide for both these classes, and in the opinion of most Managers of institutions and of Medical Superintendents only a small percentage of defectives now in institutions will ever become fit for life outside an institution, although a large number can be trained to useful work as long as they remain in the Colony. We may hope, however, that the amendment to the Mental Deficiency Act in 1927, enabling a parent to ask for residential care and training for a defective child, will gradually lead to the better parents recognising the advantages of training, and that this will result in the admission to institutions of a rather more hopeful class of case, a class which may safely be returned to their homes after training. Any improvement in the efficiency of community care will also lead to more cases being allowed to leave the Colony after training. It may therefore be that in the future a larger part of each Colony will be devoted to training and preparing patients for a protected life outside. But, if this is so, the major difficulties of community care, namely the difficulties with regard to sex questions, will be more and more forced on the attention of the State. We shall refer to this again in another paragraph.

We shall now proceed to consider *seriatim* the methods of community care afforded by the Mental Deficiency Acts and shall show how far they are being carried out by the Local Authorities.

(a) *Supervision.*

Section 30 (b).—The number of cases under statutory supervision on 1st January, 1931, was 24,710, an increase of 2,004 during the year, which may be compared with an increase of 3,100 during the preceding year. Those under voluntary supervision numbered 21,990.

We regret that there has not been such a large increase in the cases under supervision as last year. We have noted in the previous section that in 503 of the cases notified by Local Education Authorities no action had been taken. It is possible that

some Local Authorities do not realize that notification renders a child "subject to be dealt" with and that the first step is to place the child under supervision. It can afterwards be decided if supervision secures sufficient care and protection or whether guardianship or institutional care is necessary.

While it is encouraging to note the activities of many Local Authorities under this section, it is regrettable to find that the following nine, as far as their duty of supervision is concerned, do not appear to have made any attempt to carry out this section of the Act, since not one of them has any case under supervision.

Huntingdon C.
Nottingham C.
Gateshead C.B.
South Shields C.B.
West Bromwich C.B.

Carmarthen C.
Carnarvon C.
Merioneth C.
Pembroke C.

In addition to the above the following Authorities have less than 16 cases under statutory supervision :—

Chester C.B. — — 2
Dudley C.B. — — 2

Wallasey C.B. — 1
Cardigan C. — 1

Unwillingness to embark on a scheme for supervision may be partly due to a disbelief in its efficacy. From the evidence which is gradually accumulating we think this doubt is not justified. We agree that certain cases can only be properly controlled in an institution, but experience shows that, where supervision is properly organized and undertaken by trained and sympathetic people, it is in a large number of cases sufficient and beneficial. It may be compared to other social services by which the methods of dealing with people suffering from any physical disability are explained and taught to those in charge of them. A large majority of parents welcome and are grateful for the help of the supervisor. Only a few are resentful, and where this is so, it generally means that Supervision is inadequate to secure sufficient protection and that steps may have to be taken for institutional care. It is essential that the supervisor should become the friend of the family, and to this end only people of delicacy, tact and sympathy should be employed. To carry out the work successfully supervisors must also have knowledge of the characteristics and needs of defectives. They must appreciate the possibilities of training and occupation and be able to understand, anticipate and prevent, if possible, the failures likely to occur in conduct and behaviour. Sympathy and tact without the necessary knowledge may fail, and knowledge without tact and sympathy is likely to prove of no avail. Once more we desire to point out that supervision is the only method at present open to Local Authorities for helping the vast majority of defectives, and therefore no effort should be spared to make it as efficient as possible. Women are generally more suitable for this work than men, and there are now opportunities of securing them the

necessary knowledge and training either by attendance at the Short Courses organized by the Central Association for Mental Welfare or by sending them for a period of preliminary work at the offices of Local Authorities who are carrying out their duties of supervision in a satisfactory manner.

It may be advisable to repeat the suggestions for the improvement of this form of community care that we made last year. We advised—

(1) The appointment of trained officers who could, in small areas, combine this duty with that of ascertainment.

(2) The provision of Occupation and Industrial Centres wherever the population is sufficient to secure the attendance of a small group of defectives.

(3) The provision of home training. In this respect we invite the attention of Local Authorities to the schemes inaugurated by Middlesex and Gloucester.

(4) The full use of carefully selected voluntary visitors who live near the defectives and who could visit more frequently than the paid official. This has been done to a large extent through the Voluntary Associations for Mental Welfare. In one or two country districts there is a visitor in almost every village, and this system is capable of wide extension.

The questions of Occupation Centres and Home Training Schemes, both of which are most important adjuncts to supervision, are discussed in the next section.

(b) Occupation Centres, Industrial Centres, and Home Training.

One hundred and seventy-one Day centres are now open (January 1st, 1931), of which 10 have been established directly by Local Authorities and 161 by Voluntary Associations. During the year 12 new centres have been opened; two have been closed, and in several cases two classes have been amalgamated so as to form one centre.

The number of defectives under supervision on the registers of centres on January 1st, 1931, was 2,708, an increase of 528 since last year.

This number is classified as follows :

		Males.	Females.	Total.
Under Statutory Supervision	...	1,223	1,028	2,251
Under Voluntary Supervision	...	228	229	457

Home training schemes have also been organized and are now in operation in three areas.

Although these figures show that a slowly increasing number of Local Authorities are attempting to carry out the duty imposed upon them by the Act of 1927 to provide training for defectives living outside institutions, there are still 74 in whose areas no scheme has yet been put forward for providing day centres or

home training. Before discussing certain practical suggestions for the improvement of community training schemes, based on a survey of last year's reports, we should like again to give our reasons for believing that the development of this side of the work forms an integral part of the provision which should be made by Local Authorities for the care of the mentally defective in their area.

It has already been pointed out that about one-third of the total number of defectives in any area will be found to be in immediate need of institutional care. The two-thirds that remain can probably be safely left to take part in community life if a certain measure of continuous care and control is provided. Physical care must be ensured to prevent bodily suffering, and control sufficient to prevent anti-social behaviour. But this is not enough : if these defectives living in their own homes or with guardians are to be prevented from becoming an unnecessary burden or actively mischievous members of the community, training and subsequent occupation and employment must also be provided during the years when habits of work and behaviour are being formed.

The lack of training is one of the most serious handicaps against which the mentally defective child has to contend. The busy working mother can rarely give systematic training when her child grows beyond the baby stage. Time, space, and special teaching experience are needed in order to develop those latent activities which, if neglected or misdirected, may remain latent throughout adult life or produce a distorted growth.

Another disadvantage from which the mentally defective child or adult living in the community often suffers is from the lack of equal companionship. He spends his life amongst people who are intellectually his superiors and upon whom he is entirely dependent. As a child he misses the competition, the joy of excelling and the natural give and take amongst his equals which form the daily accompaniment to a normal child's education. As an adult the defective often leads an isolated life, without personal friendships or self-respect, and without a place of his own in the social or industrial world outside his own family. The ordinary incentives to social behaviour are therefore apt to be missing throughout his childhood and youth.

A third frequent cause for failure is idleness after the period of training has been passed through. Feeble-minded boys and girls, however good their homes, are foredoomed to failure unless their training is followed up by employment in the critical years after they leave school. With lower-grade defectives also, occupation is one of the main factors in keeping them happy and out of mischief and in facilitating community care.

In considering the needs of defectives living in the community, we have to think not only of those living in their own homes, but also of the children and adults who may be sent out from

institutions on licence or placed under guardianship. If the continued training and occupation that they also need were more often available, one obstacle in the way of placing more out in this way would be overcome.

Every Local Authority, therefore, in the interests of the defectives themselves, for the sake of economy and with a view to saving the inadequate supply of beds in institutions for those cases who cannot be safeguarded in the community, must consider how these needs can be met.

Occupation and Industrial Centres.—One hundred and seventy-one Day centres have now been established and, when efficiently managed, prove to be a very satisfactory means in urban areas, of providing the necessary training and occupation. Imbecile children living in good homes, and some adults, attend the Occupation centre in the same way as feeble-minded children attend the Day Special School. The training is on very simple practical lines and aims at making them happy, self respecting, self controlled and useful in their own homes. They learn to perform simple domestic and manual work and above all to take their part with others in the social life of the centre.

Industrial centres meet the need of older defectives who cannot get or retain work in the open labour market. Some of these may have left Special Schools; others of a lower grade may have outgrown the Occupation centre or may be on licence or under guardianship in the neighbourhood. It is generally found to be desirable to transfer the older girls and boys with an Intelligence Quotient of from 50 to 60 from the Occupation centre to an Industrial centre where the training is on different lines and where the sexes are separated. Work such as boot mending, wood chopping, carpentering, needlework, etc., supply suitable occupation for all grades and a small payment is usually made for work done or for regular attendance.

Home Training.—In a few rural areas where children cannot attend centres, visiting teachers are now being employed who train the defectives in their own homes; they select suitable handicrafts, provide the material, wherever possible sell the products, and give general advice to the mother or guardian as to the kind of training needed. Even where visits can only be paid monthly the teacher is often able to reveal to the parents possibilities of progress and activities hitherto unthought of and to set the defective on the path to usefulness and modest achievement. In one area, out of 41 defectives who were being trained in their homes, 16 were doing some kind of paid work; some of these had never earned before, and the pride in earning a little pocket money forms a strong incentive to further effort. More important, however, is the general improvement which is found to take place in the alertness and response of the pupils and the

added interest and pleasure in their monotonous lives gained through simple occupations.

A summary has been drawn up of the reports made during the year on 160 of the existing 171 centres, which, if compared with a similar summary in 1926 on about half the number of centres shows a marked improvement in many respects and in others emphasizes the need for much further development and improvement.

Numbers and Attendance (160 centres).—

The total number on the registers is 2,861.

The total average attendance is 2,150.

Sixteen centres have an average attendance of under 6.

Eighty-four ,, ,, ,, ,, 6–12.

Fifty-nine ,, ,, ,, ,, over 12.

The total average attendance has gone up since 1926 from 64 per cent. to 75 per cent. of the total number on the registers. It is probable that this increase is due to a better system of guides for bringing the children to and from the centres and also to a growing appreciation on the part of parents of the value of regular attendance. There is no power to compel attendance and the still further improvement which is needed in this respect will depend largely on the organization and popularity of the centres.

In some places, if necessary, the children's bus or tram fares are paid and this facilitates regular attendance, which may otherwise be impossible. In all except the very small centres and those for older high grade boys or girls a second responsible person is necessary in addition to the supervisor and a guide can often be trained to act in this capacity. A number of centres are still reported to have no paid assistants and no guides.

Some of the small centres with an average attendance of under six resemble home training schemes in the infrequency of their sessions, but wherever even a small group of children can be brought together for training they gain by the companionship of others and by the opportunities, often missing at home, for learning to adapt themselves to more normal social conditions.

Numbers of Sessions.

18	Centres are open for	1 or 2 sessions weekly.
32	,, ,, ,, ,,	3 ,, 4 ,, ,,
67	,, ,, ,, ,,	5 ,, 6 ,, ,,
4	,, ,, ,, ,,	8 ,, 9 ,, ,,
39	,, ,, ,, ,,	10 ,, 11 ,, ,,

Here again there is a marked change since 1926, when only six centres were open for more than eight sessions weekly, as against 43 this year. Whole-time centres where a simple meal

is provided have amply justified the additional expenditure involved. In addition to ensuring a regular and wholesome meal and a daily rest they offer more time and a much greater scope for the practical and social training which is so valuable for low grade defectives. Preparing meals, setting the tables, washing up and training in table manners are an invaluable means of helping them to become less dependent members of the community.

Accommodation.—The accommodation is good in 122 centres, fair in 19 others and in 15 was found to be inadequate for proper training and recreation. It is realized that the difficulty of finding suitable accommodation is a very serious one.

Training.—In 55 centres the training is reported to be very good, in 79 it is satisfactory and in 25 unsatisfactory.

Qualifications of Supervisors.—It is difficult to make any analysis of the qualifications of the supervisors as the requirements vary so widely in different centres. But the importance of special training can again be shown, as it was in 1926, by the fact that out of the 18 centres where the training was found to be pre-eminently good, only one was in charge of a supervisor who had no special training; whilst in the 25 unsatisfactory centres ten of the supervisors are said to have had no training, whilst the qualifications of others were not such as would necessarily help them in the difficult task of training imbecile children. In the centres where the training has been classified as unsatisfactory the defect lies in the supervisors' lack of understanding of the mentality of their pupils as well as in their ignorance of suitable teaching methods. They fail to realize the capacity and the limitations of the children or to understand the real aim of the training, but in many cases it is the system rather than the supervisor which is to blame. Often it is found that the supervisor is capable and painstaking, but her position is isolated; she has no one with whom to discuss the teaching problems which arise and the work comes to a standstill owing to want of instruction and stimulation to further efforts. The short courses organized by the Central Association for Mental Welfare have done more than anything else to supply the instruction and encouragement needed and a course of lectures on the teaching of eurhythmics and music to defectives has had a marked effect in the centres where the supervisors were able to attend. In the larger areas, however, we believe that the best results will be attained by the appointment of an experienced general supervisor who will visit all the centres in turn, train the inexperienced supervisors, introduce and encourage new methods and generally lead and organize the work. In Middlesex, where this has been done, the vitality and the progressive spirit in the various centres is very striking.

(c) Guardianship.

Section 30 (d).—The total number of cases under guardianship for whom Local Authorities were responsible on 1st January, 1931, was 1,832, an increase of 306 cases during the year, as compared with an increase of 188 cases during the year 1929.

It is satisfactory to record that this form of community care is increasing, but there are still seventeen Local Authorities who have no case under guardianship and thirty-three others have only one or at the most two cases.

We regret to observe, however, that some mental defectives have been placed under guardianship who are quite unsuitable for that form of care. During the year all cases under guardianship have been visited by a Commissioner or by an Inspector of the Board and their reports disclose that at least 50, *i.e.*, 2·7 per cent. should be transferred to institutional care. In six instances the Local Authorities concerned admit that the defectives were only placed under guardianship because no vacancies were obtainable in institutions. No doubt this is the fundamental reason in most of the other 44. The conditions revealed by some of these reports are serious and, if allowed to continue, will create a prejudice against guardianship which it may take years to overcome. Twenty were found to be of too low a grade of mentality to allow of proper care and nursing attention in a working class household. These are children of faulty habits, idiots, imbeciles and epileptics, often paralyzed and helpless. The accounts given of the circumstances in which they are living are far from satisfactory. Except in rare instances these are not suitable cases for single care, as they need the constant attendance of an experienced staff. In many cases common cleanliness was not secured, and one case is described as being in a filthy condition.

Twenty-four other cases were not receiving sufficient supervision and some of these were quite out of control. In some of these cases the Order placing them under the guardianship of their parents seemed of no practical value, as the parents could not control them. One boy who had been found guilty of theft ran away from home and it was subsequently discovered that he had married. One boy had attacked his guardian and another guardian, the patient's father, reports that his son strikes him and refuses to work. Another boy who had been found guilty of indecent assault was transferred from one guardian to another in the vain hope of finding someone who could control him. Another youth was found to be spending his spare time in licensed premises. Very few of these cases are receiving any adequate training. It is interesting to note that of these 24 unsatisfactory cases sixteen have been placed under the guardianship of their parents. We have repeatedly expressed the opinion that it is seldom wise to make parents guardians. In most cases it has been shown

that they have proved unable to control their defective children, and it is highly probable they will be still less able to do so when the children become adults.

The conclusions to be drawn from the above are that insufficient care is exercised both in the choice of guardians and of cases for guardianship.

We think the use of guardianship should be restricted to the following types of cases :

(1) Tractable, easily managed medium grade adult defectives who will never become self-supporting or capable of leading an independent life and who need continuous care.

(2) Certain imbecile children who have good homes and whose parents are capable of and have time to train them in decent habits, obedience and simple occupations. If the home is near enough for attendance at an Occupation centre, or if it is within reach of a scheme of home training there would be an additional reason for making use of guardianship. Supervision might be equally efficacious, but guardianship allows the Local Authority to make the parents a weekly allowance. This is a great advantage and may prevent the mother from having to go out to work and so allow her sufficient time to look after an imbecile child.

The following types are unsuitable for guardianship :

Moral defectives, difficult feeble-minded persons, sexual perverts and those with marked erotic tendencies, those who have committed arson or crimes of violence and incorrigible thieves. If, after training in an institution, these types improve sufficiently to be tried out in the world, they should be sent out on licence, a form of community care which enables quick re-call to the institution if necessary.

Idiots, low grade imbeciles, paralysed cases and severe epileptics as a rule need far more attention than can be given by a working woman unless she can devote her whole time to them. It is especially undesirable to place them in a family where there are children.

With regard to the choice of guardians, we suggest that it should be the work of the supervision officer of the Local Authority to find suitable women willing to undertake to look after defectives. It should be possible to enlist the help of the School Attendance Officers, the District Nurses and Health Visitors, who have exhaustive knowledge of the district and who might make preliminary enquiries during the course of their visitations. A visit to prospective guardians should then be paid by the supervision officer, who should explain the duties and responsibilities and should promise prompt assistance if difficulties arise. A list of possible guardians should be kept at the Local Authority's office. Some Local Authorities may prefer to make use of the Voluntary Associations, where such exist, for this work, or to join other Local Authorities in the organization of a Guardianship Society. We hope, however, that due regard will be paid to keeping defectives as far as possible in the districts to which they belong, as it is probable that other Local Authorities will resent their areas being flooded with defectives from other areas, and it is also a disadvantage in most cases to send defectives to long distances from their homes.

(d) *Licence.*

On the 1st of January, 1931, there were 1,327 defectives on licence from institutions, an increase of 28 only on the preceding year. During the year under review 417 had for various reasons been recalled to institutions. A number of these cases proved unfit for life in the community but in others it is safe to conclude that the choice of persons to whom they were licensed had been unfortunate. In others, the reason for re-call may have been illness on the part of the patient or the illness or death of the licensee. We fear that the lack of institutional accommodation throughout the country may tempt Local Authorities to send out unsuitable cases on licence or to accept unsuitable guardians.

We have again made a careful scrutiny of 300 cases on which we have received detailed reports from Commissioners and Inspectors. These cases have been sent out on licence from all types of institutions in various parts of the country—they are a fair sample and have not been specially selected.

Particulars of 300 cases on licence.

A.	(1) Living away from home, wage earning	—	—	—	119
	(2) Living away from home, but not wage earning	—	—	—	40
B.	(1) Living at home or with friends, wage earning	—	—	—	59
	(2) Living at home, working, but not wage earning	—	—	—	42
	(3) Living at home, not working	—	—	—	40
Total					300

A comparison with last year's figures shows an increase of 21 in class A(1) and a decrease of 20 in class B(1).

The following is an estimate of the conditions of the homes and circumstances in which the 300 defectives were living and includes such considerations as clothing, health, accommodation, sufficiency of control and facilities for recreation.

<i>Good</i>	...	...	243
<i>Fair</i>	...	...	48
<i>Bad</i>	...	...	9

The age and sex groups are as follows :—

				M.	F.
Over 16 years of age	—	—	—	122	168
Under 16 years of age	—	—	—	5	5

The proportion of women to men has materially increased since last year, when the figures were 140 men and 134 women. It is possible that the difference may be due to the difficulty of finding suitable work for the men whereas a large number of the women can be employed as domestics. We are glad to observe that the number of children on licence appears to be decreasing, for it is obvious that the period when training is required should be spent in an institution.

The following are the mental types of the 300 cases :

Feeble-minded—250 ; *Imbecile*—47 ; *Idiot*—2 ; *Type not given*—1.

Compared with last year's figures there is an increase in the feeble-minded and a drop of 21 in the imbecile class.

The reports show the following recommendations :—

To remain on licence	...	275
Transfer to guardianship	...	8
Recall to institution	...	9
Discharge to be considered...		8

It is worthy of notice that the number of cases where recall to the institution has been recommended is only nine—the same as the previous year and ten less than in 1928. It should be remembered that this number does not represent the total number of failures as they have already been recalled. It does, however, show that the local authorities do not leave many unsuitable cases out on licence. The recommendations “to remain on licence” have increased, which looks as if the system of licence was becoming increasingly successful.

Wages and Employment.—Although the above table shows that 178 defectives out of 300 are employed and earning money, we have only full particulars of 103 women and 65 men.

Women.—Of the 103 women, 80 are employed in domestic work, and “live in.”

Seventy of them receive 5s. a week or over, of whom 27 earn 10s. a week or over. The remaining 10 earn board and lodging only or receive in addition some clothing and pocket money.

Twenty-three of the women who are earning are “living out.” Seventeen of these are daily servants and earn from 2s. 6d. with clothing to 18s. a week. Six others are earning respectively, 35s. as a cinema attendant, 20s. as a shop-girl, 20s. as a factory hand, 17s. 6d. as a dressmaker's assistant and 17s. 5d. as a packer, while one earns 3s. as a newspaper girl.

Men.—Of the 65 men who are earning, only 6 are “living in” and 59 are “living out.” Those “living in” earn wages varying from 3s. to 13s. 10d. a week ; 3 of them are working on farms, while the other 3 are engaged in various forms of domestic work.

Of the 59 wage-earners “living out,” 7 are earning 40s. to 64s. a week ; a second group of 25 are earning 20s. to 30s. a week ; in one case the work is stated to be irregular.

A third group of 17 are earning from 10s. to 17s. 6d. a week. The remaining 10 earn from 2s. 6d. to 8s. a week, but with regard to one of these the work is stated to be irregular.

Last year, in order to give an estimate of the number of defectives on licence who could be said to be self-supporting,

we took 5s. a week plus board and lodging as equivalent to self-support and 20s. a week as equivalent to self-support when "living-out."

On this basis we find that this year 73 women and 37 men are self-supporting. The figures last year were 65 women and 61 men. Therefore, out of 300 cases examined this year, 110 are self-supporting as against 126 last year. This is on the assumption that they are constantly in work, which as can be seen from the above, is not always the case. Taking into consideration the general condition of unemployment in the country we think the above numbers are encouraging.

It will be seen that during the last three years we have carefully examined 900 cases out on licence. Of these, 341 were found to be self-supporting and the remaining 559 were costing their respective Local Authorities less than would have been the case if they had remained in institutions, while re-call to the institution was recommended in only 37 cases. We conclude, therefore, that the practice of sending defectives out on licence is proving a success, and we think the measure of success obtained speaks well for the training which has been given in the institutions. We desire to point out that the system of licence supplies just the small measure of help, supervision and control that is necessary to enable a trained defective to live in the community.

There is, however, a danger that this measure of protection and control will be withdrawn by discharge before the condition of the defective and the environment warrant it. The Managers of many institutions feel that the gradual increase of the numbers on their books with the liability of recall is unsatisfactory; the local authorities on whom the supervision of licensed cases falls no doubt feel the large increase of work involved, and there may be, therefore, a tendency to press for the discharge of cases who have been several years on licence and whose conduct has been satisfactory. We very much doubt whether withdrawal of the help and protection of the Act is wise and in the true interest of defectives. It should be remembered that the majority of defectives are not sent out on licence till the period of mental growth and development is over and that the arrest of development which led to their certification under the Act is permanent. Some few may be able to show sufficient social adaptability to justify discharge and a careful watch should be kept for such cases, but the large number who have to be returned to institutions, even after several years on licence, shows that any alteration in their environment often necessitates further protection and care. The evidence we give below as to the subsequent fate of those discharged bears out this opinion.

Unfortunately, it cannot be argued that because defectives have done well under licence they will do equally well if discharged; because the conditions of licence are such that they create the

right environment. For instance, these conditions supply what the defectives lack, namely, wisdom, judgment, initiative and foresight in the management of their affairs. Many defectives have uncontrolled sexual impulses, and if it were not for the control exercised by the licensee would give way to sexual excess. Many need help in the expenditure of the money they earn. Many would throw up their work on the slightest provocation, and it is only the terms of licence which prevents them doing so. On the loss of employment they would have insufficient initiative to find another situation. Many of them are incapable of sustained effort and need much forbearance and tact from the licensee; others need kindly supervision in their work. On licence, forbearance and supervision are forthcoming; but discharged defectives have to take their place in a competitive labour market where the weakest go to the wall. Complete liberty for them frequently means social disaster and they are happier under the very small but essential amount of control supplied by licence.

When the question of discharge from licence of such cases is raised, our Board frequently advise a transfer to guardianship; but it is found that many of the licensees, though they are willing to undertake the care of a defective so long as they know that if trouble should arise the defective can be recalled to the institution, will not undertake the somewhat greater and more permanent responsibility of guardianship. Possibly guardianship by the Local Authority as recommended in the Wood Report would meet this difficulty. For the present, we recommend Managers of institutions and Local Authorities to continue licence wherever the mental condition and history of the defective indicate that continuous control is necessary and where a transfer to guardianship has not been found possible or deemed advisable.

(e) *Discharge.*

During the year under review 243 cases under Order have been discharged—an increase of nine cases on the number discharged in 1929.

Last year we published the results of an investigation which we made into the discharges of high grade defectives during five consecutive years. A report on each case had been received for three years following each discharge. These reports showed that the percentage of failures after discharge indicated a general though varied decrease during the five years and a slight increase in the number of successes. The largest number in each year were reported as doubtful cases who had all shown the need for some permanent form of protection, and where the evidence was said to point to future failure, if the existing insecure support and shelter were to be withdrawn. Though there was some improvement during the five years, still the number of failures and

of doubtful cases is distressingly large and justifies an enquiry into the policy and practice which govern discharges.

In the first place it must be understood that the Visiting Justices have the full responsibility of discharges at the age of 21. We cannot and do not desire to interfere in any way with their discretion ; but, in view of the dangers to which a defective is exposed on discharge, we desire to put forward one or two considerations. Defectives develop very slowly ; the unreasoning and unstable conditions of childhood are seldom outgrown, and defectives hardly ever attain an adult mentality, but remain children in mind till death. Therefore the age of 21, when a normal person is supposed to be fully responsible, has with the defective little relation to his chances of leading an independent life. His mental age is of more importance than his actual age when his fitness to return to life outside an institution is under consideration.

In 1925 we asked Visiting Justices when considering discharge at 21 to recommend a period of trial on licence in the first instance, and most of the Justices responded freely to this suggestion. We believe this is having a beneficial effect and we trust the practice will be continued. Sudden and complete discharge when the patient has the mind of a child and the body of a man is seldom in the interest of the patient or the community.

With the above exceptions all discharges are nominally by Order of the Board. We say nominally, for it must be understood that the real responsibility often lies with the Medical Officer who gives the certificate on which the Board makes the continuation Order. For unless the Special Reports and Certificates made under section 11 of the Act are in certain terms, *i.e.*, that the patient is a defective within the meaning of the Act, and that he is still a proper person to be detained in his own interest in an institution or under guardianship, we cannot continue the Order.

It is unfortunate that the Mental Deficiency Act followed too closely on the lines of certificates given under the Lunacy Acts and made no stipulation that the history of patients should be taken into consideration, since mental defect can only be fairly assessed by full consideration of the patients' social adaptability. This is known as much from patients' past actions as from their conduct and bearing during a short interview. We have reason to believe that some Visiting Justices rely greatly on this short interview, objecting to the presence of the Medical Officer during their interrogation of the patient and making their decision without hearing the observations of those who have been in daily contact with the patient. We cannot regard this as wise or in accordance with the spirit of the Act, for the original certificate allows of a consideration of "facts observed by others." The Medical Superintendent has no interest whatever in retaining patients fit for discharge, and we think grave injustice may be done to the

patient by not giving the Medical Superintendent an opportunity of stating what he knows to be the patient's prevailing characteristics. We think possibly that this refusal to take advantage of the continuous skilled observations by those in daily contact with patients may be one cause of some of the failures on discharge.

There is another reason why a considerable number of Orders are discharged each quarter, namely the failure on the part of the Local Authority to secure the Special Reports and Certificates required by section 11. This is very apt to take place when the patient is on licence and residing in a different area from that of the responsible Local Authority. It is always a matter of regret that the beneficial provisions of section 11 should not be carried out on behalf of the patients, the majority of whom require continuous care.

We give an instance of the results of a discharge at 21, and one of the inadequacy of the certificates for continuation Order which necessitated discharge.

A youth was first dealt with under the Mental Deficiency Act in July, 1924, when he was found guilty of larceny and sent to an institution. It was stated at the time that he would commit such stupid acts as turning on the gas ring and pouring water over it : that he would put a running noose round his neck and pretend to hang himself behind the door : and that he had previously been in two Industrial Schools. In his Special Report and Certificate, the Medical Officer of the institution informed the Board that he was feeble-minded, had a vacant expression, was slow to grasp ideas, had no initiative, and had a poor memory. The Visitors concurred in this opinion. In February, 1926, the defective was tried on licence to his parents, but was very soon afterwards found to be entirely beyond parental control ; he ran away from home and on his return abused and threatened his mother, with the result that she had to call in the Police and secure his return to the institution.

In November, 1928, he became 21 years of age and the Visitors informed the Board that they found him to be feeble-minded, that the means of care and supervision which would be available if he were discharged were adequate, and they ordered his discharge from the Order under the Mental Deficiency Acts.

In March, 1930, the Local Authority informed the Board that he had again been charged with stealing from the gas meter at home, and that he had been placed under probation. In January, 1931, he was once more charged with an offence, i.e., house-breaking. The Court found him to be mentally defective and sent him to a Colony for mental defectives, the Medical Officer of which states that the lad is feeble-minded, simple, dull, with an imperfectly developed mind : admits his thefts but does not appreciate his moral obliquity.

X. Y., a woman who was first dealt with under the Mental Deficiency Act when she was 20 years of age. She had been seen by a Commissioner of the Board when visiting a Public Assistance Institution who regarded her as an urgent case for the protection of the Mental Deficiency Act. The medical certifiers described her as a moral imbecile and feeble-minded person who smiled continuously, was very facile, seemed totally devoid of any reasoning faculty, she had failed to respond to training and read and wrote badly and could not tell the time. The matron of the institution who had the girl under her care for four years said that she was very unreliable, had no control over herself, was untruthful, disobedient and very dirty and untidy.

Subsequently, this woman was given a trial under guardianship, and afterwards was transferred to an institution where she gave so much trouble, attempting to fight other patients, etc., that the Managers arranged for her transfer to the Public Assistance Institution where she was originally found. The first opinions as to her mental condition given in 1918 were subsequently confirmed by other Medical Officers and by one of the Board's Medical Inspectors, but in May, 1926, when the Special Report and Certificate became due the Medical Officer stated that she was quite sound mentally. The Board of Control could not therefore issue a continuation Order with the result that the woman was discharged on the 24th June, 1926.

In January, 1928 the Board were informed that a situation was found for X. Y. when she left the Public Assistance Institution, but she was found unsuitable and had to be returned to the institution as an ordinary pauper. She was given another trial but returned to the same institution pregnant of an illegitimate child: the father of the child was a man who was constantly before the Magistrate for larceny, drunkenness and obscene language.

X. Y. was again dealt with under the Mental Deficiency Acts in January, 1930, when the Medical Officer who had previously described her as mentally sound, certified that she was a moral defective who was untruthful, vacillating and easily led, and flew into fits of temper, could not give an intelligent definition of right or wrong, and unable to keep domestic situations because of her immoral propensities.

In this instance it is clear there is no question of any recovery, even partial. The medical officer unfortunately failed to realise that the condition was one of permanent mental defect associated with moral defect.

4. MARRIAGE OF DEFECTIVES AND STERILIZATION.

One of the most difficult problems to which community care of defectives gives rise is the problem of marriage. Defectives whether under supervision or guardianship must of necessity meet members of the opposite sex, and quite apart from the relatively small proportion in whom the sex instinct is abnormally developed, it is inevitable that some will seek in marriage the satisfaction of a deepseated and almost universal instinct. Higher grade defectives in general show no obvious physical sign of defect. They are neither more nor less attractive than the average of the class to which they belong, and in some cases a certain docility, probably more apparent than real, seems to be regarded as an added charm. Whatever the cause, there is unfortunately no doubt that in the absence of an educated public opinion higher grade defectives are not less likely to be sought in marriage than normal members of the same community. There is a tendency for defectives to marry persons who are themselves of subnormal mentality, a fact which adds to the gravity of the problem from the point of view of racial deterioration.

It is clear that society cannot afford to segregate defectives who are in other respects fit for community care merely to prevent them from marrying. Even if such a course could be justified economically, it would be difficult to defend on ethical or legal grounds. Yet it can hardly be denied that such marriages are almost certain to be socially disastrous. Quite apart from the fact that those defectives who are capable of maintaining themselves are

rarely able to earn enough to maintain a home, they are by the nature of their infirmity clearly unfit to bring up children. Such limited enquiries as have been made indicate that the fertility of married defectives is less than is generally supposed, but the squalor and misery of their homes and the unspeakable wretchedness of the lot of children at the mercy of parents incapable of self control or even of affording them the most elementary care could be proved, if proof were needed, by innumerable instances. The cases of gross and long continued neglect of children by their parents which from time to time find their way into the police courts and shock the public conscience are probably more often than not the direct result of mental defect.

On racial grounds the undesirability of allowing defectives to marry is too obvious to need elaboration. It is true that too little is known of the extent to which mental defect is transmissible to allow of any precise calculation of the proportion of the offspring of such marriages who will be either themselves defective or will be "carriers" of a hereditary taint. But no one who has had any practical experience needs to be warned of the racial danger of breeding from tainted stock.

On these grounds our Board have in previous Reports strongly recommended that the marriage of defectives under Order should be prohibited by law. We realise that the proportion of defectives under Order is so small, that such a prohibition would only touch the fringe of the problem; but we believe that the statutory prohibition of marriage in these cases would have a value far beyond the actual number of cases to which it would apply because of its effect in bringing home to the public conscience the unwisdom of countenancing unions the results of which are from every point of view nothing less than disastrous.

It is often objected that the prohibition of marriage would merely result in illicit unions. In some cases this might be so, but we believe that these instances would be comparatively few. In the majority of cases, particularly of defective girls, the influence of parents and relatives would go far to check this risk. Many mothers who would have no qualms about allowing or even encouraging the marriage of a defective son or daughter would be the first to check any irregularity which might expose them to the criticism or contempt of their neighbours. But there is much need to educate public opinion, and we regret that at present there are far too many persons, not infrequently in positions of influence and authority, who allow considerations of sentiment or mistaken ideas of morality to blind them to what should be obvious dangers.

Whether the State should go further and should, as many urge, limit the dangers by legalizing sterilization is a far more difficult question. We recognise that the question deserves, as we hope it will receive, close and scientific study. But, as we have pointed out in previous Reports, the necessary data are

not yet available to enable any considered judgment to be formed of the social and physical consequences of such legislation. A number of States in various parts of the world have passed statutes legalizing sterilization under various safeguards and restrictions. But whatever the cause the fact remains that, except in California, so little use has been made of these enactments that they afford no sufficient basis for a critical examination of their results. In the present state of our knowledge we should not be justified in recommending the Government to introduce legislation, even of the most cautious and limited character, which would inevitably provoke strong opposition from many bodies, on religious or other grounds, for the sake of advantages which may be arguable in theory, but which have not yet been demonstrated in practice.

5. DEFECTIVES IN MENTAL HOSPITALS.

In our Reports for 1924 and 1926 we paid special attention to the presence of mentally defective children and young persons in mental hospitals and we emphasized the desirability, both from the view of the recoverable insane and of the defectives, of arranging as soon as possible for the transfer of defectives, especially the younger ones, to Colonies and Certified Institutions. The reasons we gave are even more pressing at the present time than they were five or six years ago. We think it advisable, therefore, to re-state them.

The accommodation for persons suffering from mental disorders falls short of the demand in almost every district. Many Local Authorities are faced with the necessity of building. If the defectives were removed from mental hospitals, not only would better classification be secured, but in some districts the beds thus vacated might for a considerable period meet the demand for accommodation for the insane. It should be remembered that it was estimated by Dr. Lewis that 15 per cent. of patients of all ages in Mental Hospitals could be more appropriately treated in Certified Institutions. This estimate has since been confirmed by an independent investigation in a large Mental Hospital. Even if new buildings have to be provided for these defectives it is cheaper to house them in Colonies and appropriated Public Assistance Institutions than in Mental Hospitals. It is estimated that Mental Hospital provision costs £500 a bed, whereas Colony accommodation for defectives can be provided at £300 a bed. From the information before us we find that the weekly cost of maintenance in a Colony for defectives (exclusive of the cost of land and buildings and of the maintenance and repair of buildings) is likely to be some 3s. per week per patient less than the comparable weekly cost in a Mental Hospital.

Apart from purely economic considerations, to mix congenital defectives, especially idiots and imbeciles who are frequently abnormal in appearance and disagreeable in habits, with persons

suffering from mental disorders is most undesirable, and may justly be resented by the recoverable patients and by their friends and relations. Further, it is clear that the mental defectives, save in two or three hospitals which have made special arrangements, miss the opportunities of training and continuous care which are afforded in Colonies. Only a few Mental Hospitals have special wards for children and as a rule they are to be found associated with adults, an arrangement which, in the case of boys warded with men, we particularly deplore.

We are also of opinion that the Managers of Certified Institutions should use every endeavour to provide suitable staff and accommodation for their tiresome and difficult cases and should not have recourse to getting rid of difficult patients by certification under the Lunacy Acts: 111 defectives have been transferred from Certified Institutions to Mental Hospitals during 1930.

It was found, on analyzing the returns on which the table below was based, that only 12 of the admissions to Mental Hospitals during 1930 of cases under 15 years of age were suffering from mental disorder superimposed on mental defect.

On the 1st January, 1931, the number of patients under 15 years of age in Mental Hospitals was 691 (males, 402; females, 289). Of these, 221 were admitted during 1930.

Admissions to County and Borough Mental Hospitals during 1930 of patients under 15 years of age.

Age—groups.			Suffering from mental defect.				Suffering from mental disorder <i>without</i> mental defect.
			Idiots.	Imbeciles.	Feeble-minded.	Moral Defectives.	
Under 10	M	...	20	43	1	3	—
	F	...	34	26	1	—	3
10-15	M	...	4	24	5	1	6
	F	...	14	20	1	—	15
Total	M	...	24	67	6	4	6
	F	...	48	46	2	—	18
Total...			72	113	8	4	24—221

It is worthy of remark that 51 of these admissions were only five years old or under, and of these 14 were only three years old, three only two years old, while one was a year old.

It will be observed that 24 of these patients are reported to be suffering from mental disorder without mental defect. Three of these cases are under the age of ten. On examining the certificates of these three cases it is clear that two of them are suffering from arrested development, caused in the one case by epilepsy

and in the other by encephalitis lethargica, and the third was pronounced on admission to be an imbecile. We do not understand why they should have been classed in the group "without mental defect." Twenty-one (15 girls and 6 boys) are between ten and fifteen years old. Ten of these 24 are diagnosed as dementia praecox or primary dementia. We wonder whether in some of these cases congenital deficiency exists, although masked by the onset of mental disorder. The others in this group are described as two melancholic, three mania, two epilepsy with insanity, two manic-depressive, three confusional insanity, one general paralytic, and one hysteria.

The remaining 197 cases fall within the definitions of the Mental Deficiency Act, and only twelve of them are reported to be suffering from superimposed mental disorder. Of these seven are epileptics, two are general paralytics, one is a melancholic, one is a case of mania and one suffers from the after effects of encephalitis lethargica. With the exception of the cases of melancholia and mania there seems no reason to suppose these twelve could not have been equally well provided for in a properly equipped and staffed Certified Institution.

The group of 72 idiots are no doubt as well nursed and cared for in Mental Hospitals as they could be anywhere else, but they must be an intolerable nuisance to the quiet chronic insane patients, and we regret to say that we have sometimes found them in admission wards with patients who have a chance of recovery. These idiots are often repulsive in appearance, noisy, troublesome and faulty in their habits.

The imbecile grade of defective children should be removed from Mental Hospitals for their own sake, as well as for the benefit of the patients suffering from mental disorders. These children respond well to the regular discipline of a Certified Institution. They need organized training and occupations, physical drill and simple games. They need the stimulus and companionship of children of their own age and they cannot be properly dealt with in wards for adults. They are often noisy, restless and mischievous and a great trial to older patients, and it is impossible to protect them from the violent tempers and obscenities of some of the insane patients, especially in the male wards, where they may be exposed to corruption and mal-practices. The same may be said even more emphatically of the feeble-minded and moral defectives. It is much to be regretted that they should be left to grow up in mental hospitals and that when, as often happens, they are discharged, they should be sent out to face the world without the continuous help and protection which they would receive if sent out from a Certified Institution on licence or to Supervision—forms of care afforded by the Mental Deficiency Acts. Discharge from a Mental Hospital does not secure this continuous care. As mentioned above, some of these patients, though classed as defectives, are admitted suffering from a superimposed psychosis. We have known them subsequently

discharged "recovered." This may be technically true so far as the psychosis is concerned, but there is no recovery from the underlying congenital defect and, for the lack of subsequent effective protection, the discharge is sometimes disastrous.

We give the following case as an illustration:—

A woman aged 24 was brought up in Poor Law Homes and discharged to her parents. She ran away from home and was found in a Public Assistance Institution. She left this institution, but a year later was again admitted. She was then found to be insane and was sent to a Mental Hospital. After five months she was discharged "recovered." In a little over a year she was admitted to a Rescue Home. About a year later she was found wandering, bound over for two years and placed in another Rescue Home. Subsequently she was charged with malicious damage and sent to prison. While in the Rescue Home she had been taken to an Out-patient Clinic and had been pronounced to be a mental defective certifiable under the Mental Deficiency Act. Later she was taken to a "place of safety" and subsequently certified under the Mental Deficiency Act. She was sent to a Public Assistance Institution approved under section 37 and after about a year she was removed to a Mental Hospital without our consent under section 16. After 17 months she was again discharged "recovered." Fourteen months later she was found in a Public Assistance Institution from which she was again certified and sent to a third Mental Hospital. The Medical Superintendent was asked to notify us at least a month before the patient was discharged. He failed to do so, and for the third time she has been discharged "recovered."

We do not dispute that this woman may have recovered from temporary mental disorder, but it is her underlying permanent mental defect which renders prolonged care and protection imperative. We think this case illustrates the necessity of further active co-operation between the Committees dealing with insanity and those dealing with mental defect. It also shows the necessity of early ascertainment, as, if this case had been dealt with under the Mental Deficiency Act on the first occasion that she came in contact with a public authority, a large amount of suffering and degradation might have been saved.

We have dealt in this section mostly with the position of children in Mental Hospitals, but their numbers are insignificant compared to those of adult defectives who might be more appropriately and economically dealt with under the Mental Deficiency Acts. We see Mental Hospitals overcrowded because of the presence of these cases, who hamper the administration and classification and who tend to destroy the true hospital atmosphere. Neither the patients suffering from mental disorders nor those suffering from mental defect are benefited by being associated. On the contrary, many of both classes are likely to be harmed by the association. We think, as it is quite obvious that further accommodation must be provided in the near future, a determined effort should be made to secure co-operation between the Mental Hospital Committees and the Mental Deficiency Committees, and that these Committees should work together and consider the question of accommodation in the light of the full facts. These facts would doubtless be obtained from investigations and reports made by their Medical Superintendents and Medical Officers.

SUMMARY OF MENTALLY DEFECTIVE PATIENTS resident in INSTITUTIONS and under GUARDIANSHIP on 1st January, 1931.

Where maintained.	Received under the Mental Deficiency Acts, 1913-1927.						Received outside the Mental Deficiency Acts.			Total of all Mental Defectives in Institutions and under Guardianship.			
	Under Orders (secs. 5-9).		Not under Orders (sec. 3).		Total.								
	Non-criminal.		Criminal.		M.	F.	M.	F.	T.	M.	F.	T.	
	M.	F.	M.	F.	M.	F.	M.	F.	T.	M.	F.	T.	
In State Institutions -	195	291	399	141	8	9	602	441	1,043	—	—	441	1,043
In Certified Institutions -	5,115	6,757	1,497	381	1,076	631	7,688	7,769	15,457	798	945	1,743	8,486
In Approved (sec. 37) In- stitutions -	3,459	4,961	522	139	72	66	4,053	5,166	9,219	—	—	5,166	9,219
In Certified Houses -	—	9	—	—	98	112	98	121	219	2	15	136	236
In Approved Homes -	—	—	—	—	—	—	—	—	—	284	252	252	536
Under Guardianship or Notified -	889	951	—	—	19	14	908	965	1,873	116*	131*	1,024	2,120
Total -	9,658	12,969	2,418	661	1,273	832	13,349	14,462	27,811 (a)	1,200	1,343	14,549	30,354†

(a) Of these cases approximately 1,327 were on Licence from Certified Institutions and 26 from Guardianship.

* Notified cases (sec. 51).

† In addition to the patients in Institutions and under Guardianship, there were on the same date 24,710 patients (13,179 males, 11,531 females) under Statutory Supervision (sec. 30 (b)).

6. NUMBERS UNDER CARE.

The mentally defective patients on the 1st January, 1931, numbered 55,064 (males 27,728, females 27,336). Included in this total are the cases under Statutory Supervision, which numbered 24,710 (males 13,179; females, 11,531).

A summary of the patients in Institutions and under guardianship is given below.

During 1930 there were increases of 159 in State Institutions, 1,536 in Certified Institutions, 845 in Public Assistance Institutions approved under Section 37, 38 in Approved Homes, 303 among those under Guardianship or Notified, and 2,004 among those under Statutory Supervision, while there was a decrease of 41 in the numbers in Certified Houses. These changes resulted in a net increase of 4,844 under care.

7. *STATE INSTITUTIONS.

(1) *Rampton.*

We have received the following report from Dr. Rees Thomas, Medical Superintendent of the State Institution at Rampton :—

During the year 1930 there were admitted to the institution 209 patients, of whom 89 males and 62 females were received into the main institution, and 36 boys and 22 girls were sent to the section set apart for juvenile defectives. The number of patients in residence on December 31st, 1930, was 988, there being 594 males and 394 females, a net increase during the year of 96 males and 63 females.

The table below gives in some detail the types of institutions or places from which patients were sent to us on transfer or on certification under the Mental Deficiency Acts, 1913–1927.

							<i>Males.</i>	<i>Females.</i>
Prisons	...	...	...	...	...	...	18	2
Courts of summary Jurisdiction—Sec. 8	...	...	...	...	...	...	5	1
Borstal Institutions...	...	...	...	...	...	...	4	—
Certified Institutions	...	...	...	...	...	...	28	25
Institutions under Sec. 37	...	...	...	...	...	...	34	34
Mental Hospitals	...	...	...	...	...	...	2	7
Warwick State Institution	...	...	...	...	...	...	—	13
Places of Safety	...	...	...	...	...	...	4	1
Discharged and re-admitted same day	...	...	...	...	...	...	3	1
Own Home	...	...	...	...	...	...	23	—
Training School	...	...	...	...	...	...	3	—
On Licence	...	...	...	...	...	...	1	—
Total							125	84

Admissions.—Of the 125 males admitted, 36 were juvenile defectives, so that the increase in the net yearly adult male admissions over the previous year is only two. Sixty-two male patients were admitted

* Institutions for defectives of dangerous or violent propensities established and maintained by the Board of Control under the provisions of section 35.

immediately following certification, which indicates that they were dealt with as defectives only after they had displayed dangerous and violent propensities. There were twelve females who were first certified under similar circumstances, and the disparity in numbers between them and the men may suggest that defective girls are less likely to become dangerously anti-social, or that the defective girl receives closer attention than the defective man. The man, too, is more often regarded as a potential wage earner, and on the ground of internal economy the family is less ready to recognize or to accept the facts, or does so only after anti-social tendencies become painfully evident.

The type of case admitted during the past year has shown no particular variation from that of recent years. Many of our men show criminal tendencies, and as such are actually and potentially dangerous even while in the institution.

In a sequence of 602 male admissions, 400 had been charged with criminal offences, and as much as 30 per cent. of these had committed crimes against the person. As this includes murder, manslaughter, assault, incest, rape, seduction, and sodomy, it is evident that the care and control of the defective is a social problem of some importance. Crimes against property represented 53·5 per cent., the most important being larceny, house-breaking, and arson.

Discharges and Transfers.—The number of patients dealt with by discharge or transfer was 38, of whom 20 were men and 18 were women. Fourteen of the women were sent to The Cape, Warwick, for further training. Two patients, one man and one woman, became insane and were removed to a mental hospital.

Deaths.—Nine patients, five men and four women, died during the year. The causes of death were: tuberculosis (3), broncho-pneumonia (1), nephritis (1), encephalitis (1), diseases of the heart and blood vessels (2), and intestinal obstruction (1). The death rate was 9·8 per 1,000 patients in residence.

General Health.—No cases of dysentery, epidemic diarrhoea, typhoid, or of any contagious or infectious fever have arisen in the institution since it was opened in March, 1920.

This year, as is usual, we have been free from diseases of a serious nature, and although there have been epidemics of influenza the numbers and the toxaemic intensity have not been greater than in other years.

Two new buildings, the male and female hospitals, have recently been opened, so that now we have available for our patients sick dormitories and verandahs where a reasonable degree of classification and segregation is possible. One curious result has been an increase in the number of ailing patients, showing that the hospital is now a place where comfort and nursing have reached a standard high enough to earn their approval; and this is high praise. Each hospital is divided into four sections. One is used for patients who are in the last stages of convalescence and for others who require more care and nursing than it is possible to provide in the other houses. There are two sections, each with eight beds and which can be entirely separated from the other parts of the ward and from each other. A little apart, but not in a separate building, is a dormitory and annexe with six beds available for the treatment of tuberculosis or in special circumstances for use as an isolation hospital.

The general standard of health has been good, and the physical condition of the patients indicates that the diet is sufficiently varied and of satisfactory quality and quantity. The practice of allowing patients to attend the dental clinic voluntarily at periods more frequent than routine demands, has in many cases resulted in increased attention to teeth and to a more reasonable frame of mind on the matter. Regular tooth brush parades, routine inspection of teeth and constant and urgent advice are

not so effective as the appeal to vanity and the invitation to attend the dentist at will.

Absconders.—No special significance should be attached to the increase during the year to 28 men and 2 women from the 1929 figure of 11 men and 3 women. The separate villa system, that has so many advantages, makes the supervision of patients a little more difficult, and the increased freedom associated with this arrangement of buildings must at first lead to more frequent attempts to run away. Eleven of the male absconders returned to the institution on the same day, and 14 came back after a longer interval. Three men were discharged by operation of law. One woman absconded while on leave of absence, while one small girl absented herself from her house for several hours without permission.

Leave of Absence.—Twelve patients were given leave of absence on licence, and at the end of the year eight were still away in situations or were being given an opportunity to make further progress in other institutions. Leave of absence on licence is a valuable method of dealing with unstable defectives who have improved under care. The patient realizes more fully the need for caution and is at the same time aware that good behaviour will lead to a permanent change of surroundings.

The gradation of supervision and control is especially valuable in securing orderly progress to stabilisation.

Occupation Therapy.—We have increased the range of our activities, and have made many re-arrangements that experience has shown to be necessary to improve our methods of treatment. No new shops have been opened, but several have been enlarged and re-organised, in all instances with considerably increased usefulness and therapeutic value. The shops are devoted mainly to industries that are useful to the maintenance of the services in the institution.

Gardening is still an important industry as we have not yet finished laying out the gardens and grounds around the new buildings. The patients like gardening, and the constructional side of it provides occasion for instruction and for practical experience in the work.

We do very little purely school educational work with adult patients, but this year the Chaplain has held classes for illiterate men and women who are sufficiently intelligent to learn to read or write, and to whom such knowledge would be of clear advantage. Usually these are the unstable types who during their school days preferred to play truant. Under the guidance of our Chaplain a patients' choral society has begun to play an important part in the entertainment of patients. The defectives' liking for the dramatic situation is catered for by a weekly moving picture show, and by numerous home made concert parties. At Christmas the patients provided four separate entertainments.

Juvenile Defectives.—The new section devoted to the care and treatment of children consists of two houses and a school set some distance apart from the main institution, and it is, except for essential services, an independent unit. The boys and girls are selected for the particular qualities which make it undesirable for them to associate with other children, or even with other defectives. A number are so qualified as the result of an attack of sleepy sickness, and these children need so much care and supervision as to strain the capacity of our most capable nurses. At first it seemed hardly possible to obtain effective control over unmanageable and dangerous children who were so entirely untrained and so unpleasantly endowed that association between them was all but impossible, but the untiring efforts of the female staff and the teachers have borne fruit to the extent that now all of the boys and girls attend school daily and receive some form of training. They produced their own Christmas play before an audience of five hundred.

The average age of the children under care on December 31st, 1930, was: boys 12·8 and girls 11·2 years.

It is difficult to say that any single factor other than inflammation of the brain and its coverings is of paramount importance in producing this type of child. Mental defect is not commonly associated with violent and dangerous tendencies, but a relatively large proportion of children who have suffered from encephalitis lethargica suffer these unpleasant *sequelae*. This sleepy sickness is followed by a mental condition resembling extreme irritability, and with a tendency to wanton mischief and destruction, and with outbreaks of violence that are often associated with unseemly behaviour towards the opposite sex. The apparent impairment of intellect is usually quite small, but actually they are incapable of using their capacity because the power of concentration on normal objects is lowered to a point at which training becomes difficult; and guidance by precept almost impossible. It is this apparent intelligence and good intent in association with behaviour of an appalling character, that makes many of those suffering from the *sequelae* of encephalitis lethargica the most to be pitied of all afflicted human beings. Sleepy sickness produces in a few weeks a mental condition and outlook that half a century of indulgence in the grossest vices cannot effectively imitate. With our own children there is a definite history of sleepy sickness in 30 per cent. of the cases, and in 10 per cent. more the physical signs and mental aberrations suggest that they are suffering from the *sequelae* of this dread disease.

Staff.—During the past year three nurses and ten attendants have passed the final examination, and five nurses and twelve attendants the preliminary examination, of the Royal Medico-Psychological Association in the nursing of the mentally defective. Ninety-five members of the staff now hold the certificate of the Association.

The staff through their recreation club have taken an important step in the development of the recreational side of their life at the institution. They are erecting at a cost of £1,700 a large covered swimming bath for their own use. The credit for this achievement belongs to the club Secretary, Mr. A. T. Hedges, and to the club Committee.

The general health of the staff has been good and in no case has serious illness arisen during the year.

I have to express my gratitude to all my staff for their service, and specially for their devotion to their patients.

(2) *Warwick.*

The following is a brief report on the work of the year at the Warwick State Institution :—

Number of Patients, January 1st, 1931 :—

In residence	—	—	—	—	—	—	—	41
On licence	—	—	—	—	—	—	—	4
In daily service from hostel	—	—	—	—	—	—	—	7
Absconded whilst on licence, and not returned	—	—	—	—	—	—	—	1
Admissions during 1930	—	—	—	—	—	—	—	14
Discharged	—	—	—	—	—	—	—	1
Transferred :—								
To Rampton State Institution	—	—	—	—	—	—	—	14
To Certified Institutions	—	—	—	—	—	—	—	2
To Public Assistance Institutions	—	—	—	—	—	—	—	1
Granted licence :—								
To care of parents and relations	—	—	—	—	—	—	—	2
Holiday leave for hostel patients :—								
To parents and relations	—	—	—	—	—	—	—	4
To Leigh-on-Sea	—	—	—	—	—	—	—	3

There is accommodation in the institution for 50 patients, of whom 37 live in the hospital and 13 in the chaplain's house, which has been adapted as a hostel.

There have been no direct admissions during the year, all the 14 women admitted having been transferred from Rampton. Amongst the 17 cases who left the institution during the year, it will be seen from the above figures that 14 were returned to Rampton. These had all proved unable to adapt themselves to the conditions of life in the smaller community at Warwick.

The institution has continued, under difficult conditions, to fulfil two functions. It is a means of providing additional beds for mentally defective women of violent and dangerous propensities, and it aims also at giving specialised training under less restricted conditions to a small selected group, thereby affording a further opportunity for progress in the process of their resocialisation.

Dr. Rees Thomas, the Medical Superintendent at Rampton, selects girls who show some prospect of settling down in the simpler surroundings at Warwick and they are admitted to the hospital. After due trial the Matron promotes to the hostel any who show a likelihood of making good in daily service outside. A still further period of domestic training is provided in the hostel and in the Matron's house, after which daily situations are found for those who have responded sufficiently to justify a trial outside.

It is sometimes difficult to fill the beds in the hostel. Hopeful cases, suitable for hostel treatment, are rare amongst women who are often admitted to Rampton at a stage when antisocial habits have become ineradicable. Disappointments are frequent but there are usually seven or eight girls going out to daily work from the hostel at Warwick earning from 6s. to 18s. weekly. This year seven defrayed all the costs of their own holidays, either with parents and friends or by the seaside.

Mistresses have shown much tact and sympathy in dealing with the difficult situations that arise. They, as well as the girls, know that they can always appeal to the Matron for help, and that in any crisis the girl can be taken back to the institution. It is only under some such conditions as these that girls of this type can lead more independent and happier lives without undue risk to themselves or to others.

In the main institution the girls do the domestic and laundry work, make and mend all the clothing and work in the garden from which vegetables, flowers and some fruit are supplied to the institution. Various forms of fancy work, embroidery and rug-making are also carried on in the work-room. Evening recreations are varied in accordance with the season and include visits to the cinema, dancing, concerts, net-ball, tennis, wireless, walks and picnics. Outside concert parties and local orchestras have supplied the music for dances and have been much appreciated.

In September Mrs. Newsome, who was appointed as Matron in April, 1923, left to take up duties elsewhere. It is to Mrs. Newsome's wholehearted devotion to the girls and to the width and sympathy of her outlook that any success that can be claimed at Warwick is mainly due, and her loss is deeply felt, both by the girls, and by the staff. Miss Bagley was appointed in her place as acting Matron.

8. CERTIFIED INSTITUTIONS.*

On 1st January, 1931, there were 98 certified institutions, with certified accommodation for 16,681 cases under the Mental Deficiency Acts.

* A Certified Institution is one certified by the Board of Control under section 36 for the reception of defectives.

Admissions.—The admissions to these institutions during 1930 numbered 2,853, an increase of 961 on the number admitted during 1929, but nearly 500 of this increase was due to the issue of a certificate in respect of Prudhoe Hall, which had hitherto been approved under section 37. The sex distribution per cent. of the admissions was males, 51; females, 49. There were on 1st January, 2,659 cases awaiting removal to institutions, an increase during the year of 712.

Discharges.—The patients discharged or transferred during the year numbered 1,132, an increase of 253 on the number for 1929. It should be noted that most of these are transfers, or Poor Law and other cases not dealt with under the Mental Deficiency Acts, and that only a small proportion of them are absolute discharges of cases dealt with under the Acts. The discharges and transfers were nearly 7 per cent. of the average population of these institutions, as compared with 6 per cent. in 1929.

Deaths.—These during 1930 numbered 185, being 1.1 per cent. of the daily average number of patients resident, as compared with 1.3 per cent. for 1929. Sixty-nine deaths, 37 per cent. of the total, were attributed to tuberculosis (all forms), while the deaths from pneumonia numbered 34 (18 per cent.).

Under Care on 1st January, 1931.—The changes during 1930 detailed above—admissions, discharges and deaths—resulted in a population of 17,200 in certified institutions on 1st January, 1931, an increase of 1,536 during the year. The distribution of these cases—according to the conditions under which they were received—was as follows:—

	Males.	Females.	Total.
Received under the provisions of the Mental Deficiency Acts — — — — —	7,688	7,769	15,457
Received outside the provisions of the Mental Deficiency Acts:—			
Sent by Local Education Authorities —	465	312	777
Sent under the Children Act, 1908 —	48	52	100
Sent by Poor Law Authorities — —	265	477	742
Sent by Relatives or others — —	20	104	124
Total — — — —	8,486	8,714	17,200

The proportion of patients in certified institutions who are received under the provisions of the Mental Deficiency Acts, as compared with the proportion received outside the Acts, is steadily increasing:—

Year. (1st Jan.)	Under the provi- sions of the Acts.	Outside the Acts.	Total.	Percentage under the Acts.
1918	4,242	2,147	6,389	66.4
1919	4,493	2,084	6,577	68.3
1920	5,063	1,948	7,011	72.2
1921	5,551	1,870	7,421	74.8
1922	6,574	1,939	8,513	77.2
1923	7,891	2,126	10,017	78.8
1924	8,955	2,089	11,044	81.1
1925	9,981	2,134	12,115	82.4
1926	10,706	2,060	12,766	83.9
1927	11,330	2,012	13,342	84.9
1928	12,197	1,902	14,099	86.5
1929	12,999	1,841	14,840	87.6
1930	13,972	1,692	15,664	89.2
1931	15,457	1,743	17,200	89.9

9. CERTIFIED HOUSES.*

On 1st January, 1931, there were 236 persons under care in certified houses—admitted under the following conditions:—

	Males.	Females.	Total.
Received under the provisions of the Mental Deficiency Acts — — — —	98	121	219
Received outside the provisions of the Mental Deficiency Acts:—			
Sent by Poor Law Authorities — —	—	11	11
Sent by Relatives or others — —	2	4	6
Total — — — —	100	136	236

The above figures show a decrease of 41 patients in these houses during the year. All cases received under the Mental Deficiency Acts (except 9 cases under Order) were “placed” under section 3.

10. APPROVED HOMES.†

* A Certified House is one in which defectives are received by the owner thereof for his private profit, and in respect of which a certificate has been granted by the Board of Control under section 49.

† An Approved Home is one in which defectives are received and supported wholly or partly by voluntary contributions or for private profit, and in respect of which approval has been granted by the Board of Control under section 50.

12. MENTAL DEFECTIVES IN PUBLIC ASSISTANCE INSTITUTIONS.*

The number of defectives dealt with under the Mental Deficiency Acts who were in Public Assistance Institutions, approved under section 37, on 1st January, 1931, is shown in the subjoined table :—

—				Males.	Females.	Total.
Under Orders	—	—	—	3,981	5,100	9,081
"Placed" (section 3)	—	—	—	72	66	138
Total	—	—	—	4,053	5,166	9,219

These 9,219 patients were distributed as follows :—

- (a) In Public Assistance Institutions — — — — 4,953
- (b) In Special Public Assistance Institutions, *i.e.*,
Seafield House, Great Barr Park, and Birmingham
Certified Institution (Monyhull Colony and Erdington) 1,495
- (c) In Special London Public Assistance Institutions—
Darenth, Caterham, Leavesden, Fountain—(formerly
the Metropolitan Asylums Board Certified Institution) 2,771

13. CENTRAL ASSOCIATION FOR MENTAL WELFARE.

The total number of defectives now on the records of the Association is 41,270. The cases referred to the central office for advice and assistance during the year 1930 numbered 805, of which 90 were referred from the Middlesex Local Authority under the scheme for the organization of occupation centres and home teaching. Owing to the continued shortage of institutional accommodation, it was impossible to secure more than a small number of vacancies in institutions, but some suitable cases were transferred to the guardianship department and dealt with in that way. In cases where relatives or friends were able to pay reasonable fees, it was possible to place a considerable number in private homes, and advice as to procedure was given in a great many instances.

The development of new Local Associations has continued and during the year the travelling organizer has worked in the following areas :—

Wolverhampton.—Where the scheme approved by the Borough Council (as reported last year) has been brought into being, the Mental Welfare Association re-organized and enlarged, and a permanent secretary appointed.

* The numbers of persons of unsound mind in Public Assistance Institutions will be found on page 45.

Derby.—Where work was started in May, 1930. After some months' work a scheme was presented to the Borough Mental Hospitals Committee and the Education Committee suggesting the formation of a Mental Welfare Association, the Association to undertake work for the Borough Authorities both under the Mental Deficiency and Mental Treatment Acts. This scheme has been approved and the first meeting of the Mental Welfare Association will be held in May, 1931.

In addition to the above, the organizer paid short visits, for the purpose of assisting in organizing mental welfare work, to Bournemouth, Warwickshire, Great Yarmouth, and to the Borough of Northampton.

A largely attended conference was held in British Medical Association House in December, 1930, to which over 400 delegates were appointed by Local Authorities all over the country. Mr. Arthur Greenwood, Minister of Health, opened the conference, at which matters concerned with the Mental Treatment Act, Mental Deficiency Acts, the Need for an Enquiry into Causation and Prevention of Mental Deficiency, and School Re-organization, were discussed.

The various training courses organized by the Association were again held as follows :—

- (i) A fortnight's course for medical practitioners at the University of London. Sixty-five doctors attended Part I of the course, which dealt with mental deficiency, and 51 attended Part II, which dealt with "Mental Conditions allied to Mental Deficiency."
- (ii) Two short courses, of three weeks' duration each, for teachers of retarded children, in London (45 students), and in Birmingham (44 students).
- (iii) A ten weeks' course, in London, for teachers of retarded children (36 students).
- (iv) A refresher course for teachers in London (29 students).
- (v) A three weeks' course for supervisors of occupation centres and institution staffs, in London (39 students).
- (vi) An evening course in rhythmic and singing, for supervisors of occupation centres, in London (39 students).

In addition to this, specialized training has been given at the Association's office to a number of social workers, and to students taking the Mental Health Course at the London School of Economics.

The work of the occupational organizer has continued, and during the year she has visited six certified institutions, one mental hospital, one private Home, and one private case. She also lectured at the supervisors' course in September, and spent some time in assisting with home teaching in Middlesex.

In November, 1930, a circular was sent to all Local Education Authorities and to Local Authorities having institutions, with regard to the appointment of a travelling speech trainer by the Association. An encouraging response was received, and sufficient promises of employment were made to justify the appointment, which will be made in 1931.

Work for the Middlesex Council has been continued and extended. The number of children dealt with under the scheme of training is 501, of whom 329 were receiving teaching in centres

or in their homes at December, 1930. The work is under the direction of a special Committee of the Association with representatives of Middlesex and the local centre Committees; at the end of 1930 there were six full-time centres, a boys' craft class, a travelling craft teacher for elder girls, and three full-time home teachers. A fourth home teacher was to start early in 1931. The home teachers visit 127 children, and now cover the whole area of the County.

The guardianship scheme has progressed during the year. Eighty-nine cases are now being dealt with, of whom an increasingly large proportion are in domestic service. In order to provide interest and recreation for the girls whose life as maids is perhaps more monotonous than that of boys who go out to work, a "leisure club" has been started in Hitchin, where the girls may meet each Thursday and enjoy various forms of recreation. A Committee of the girls themselves has been formed, and the club shows every sign of meeting a great need and of becoming very popular with the girls. Plans for a holiday camp are going forward and it is hoped to be able to provide a seaside holiday for the majority of the girls at a very reasonable cost.

The boarding out of young trainable defectives in the neighbourhood of occupation centres is being developed, the responsible Local Authorities paying a fee of £15 per annum in respect of each child's attendance.

The quarterly journal, *Mental Welfare*, library, and employment bureau, have been continued and extended. Tours of institutions, schools, etc., have been arranged for many visitors from various parts of this country and from Denmark, Sweden, South Africa, Canada, U.S.A., and Austria.

Death of the Reverend H. N. Burden.—With much regret we have to record the death, on the 15th of May, 1930, of the Reverend Harold Nelson Burden, the founder of the National Incorporation for Persons requiring Care and Control, of which he acted as Warden from its initiation until his death.

For many years interested in the problem of the mentally defective person, he served on the Royal Commission on the Control of the Feeble-minded, his experience and knowledge proving of great value to the enquiry which preceded the passing of the Mental Deficiency Act.

The institutions under his control at Bristol and Chesterfield were among the first to provide certified accommodation for the mentally defective, and proved of great assistance at a time when the supply of beds was extremely limited. In the conduct of these institutions his administrative abilities were invaluable; and we feel that, as a pioneer in this sphere of work, a debt of gratitude is due to him. We wish to record our sincere appreciation of the valuable help he rendered in advancing the working of the Act.

Death of Miss Margaret Macdowall.—To our great regret Miss Margaret Macdowall, of Avonhurst, Burgess Hill, died on 9th March, 1930. For many years she had been well known among those who have made a study of methods of teaching defectives, and she had given much attention to the development of those whom she used to call the most deeply defective. With these she was eminently successful and earned the deep gratitude of many parents and the admiration of teachers. She had the happy gift of inspiring the teachers who went to her for training with much of her own enthusiasm, as well as imparting to them her technical skill in teaching. She will be greatly missed. We wish to express our pleasure that her little book, "Simple Beginnings in the Training of Mentally Defective Children," has been republished by her many friends as a memorial of her life and work.

III. GENERAL.

1. PROSECUTIONS.

The following prosecutions undertaken under our Order, resulted in convictions :—

R. v. Annie Gertrude Eyre.—The defendant appeared before the Justices at Faversham on 17th June in answer to certain charges preferred against her under section 315(1) and section 322 of the Lunacy Act, 1890.

The Bench found that an offence had been committed under section 315(1) and imposed a penalty of £5. The charge under section 322 was dismissed.

R. v. Frederick Robert Wilson.—The late Resident Engineer at the West Ham Mental Hospital, Goodmayes, was charged before the Justices sitting at Stratford Police Court on July 12th, 1930, with having indecently assaulted, and with a common assault upon, a female patient at the said institution in May of that year. The defendant pleaded not guilty to the alleged indecent assault, but guilty to a common assault. With the consent of the Bench the plea of guilty to a common assault was accepted and the defendant was fined £5 with £5 5s. costs, or in default six weeks' imprisonment.

R. v. Florence Madge Brett.—The defendant appeared before the Justices sitting at Brighton on 12th September, 1930, in answer to two charges preferred against her under section 315(1) of the Lunacy Act, 1890. The defendant pleaded guilty to both charges and was fined £10 on each charge and £15 costs.

Two prosecutions for offences under the Mental Deficiency Act, 1913, resulted in convictions :—

R. v. J. Reuben Barney.—The defendant was charged before the Justices sitting at Epsom on 24th February, 1930, with having knowingly assisted his daughter, who was a patient at The Manor,

a Certified Institution under the Mental Deficiency Act, 1913, to escape therefrom contrary to the provisions of section 53 of that Act. He was convicted and fined 40s. or in default one month's imprisonment.

R. v. Rose Messias.—The defendant was charged before the Justices sitting at Epsom on 24th February, 1930, with having knowingly assisted her daughter, who was a patient at The Manor, a Certified Institution under the Mental Deficiency Act, 1913, to escape therefrom contrary to the provisions of section 53 of that Act. She was convicted and fined 40s. or in default one month's imprisonment.

2. RESEARCH.

We have included in Part II of our Report a Supplement containing contributions received regarding clinical, pathological and other research, as well as routine laboratory work, carried out during 1930 in institutions which we visit. Mention is also made of papers communicated at medical meetings and to journals by members of the staffs of these institutions.

These communications have been received from 31—four less than during the previous year—of the 98 County and Borough Mental Hospitals, from three of the 13 Registered Hospitals, and from seven Institutions for Mental Defectives.

While we should have preferred to record an increase, rather than the small decrease which in fact has taken place, in the number of public mental hospitals which have furnished us with contributions, we welcome those which have been received and desire to express our appreciation of the pains taken in their preparation. We are sensible, too, that the ground covered and the importance of the matters dealt with steadily increase. To those medical staffs from whom communications are seldom or never received, we venture to repeat the appeal we have made on previous occasions, and to suggest that, within the experience of each of them, scarcely a year can pass without some case presenting itself of sufficient clinical interest to be worth reporting. We should welcome such reports and we feel sure that their preparation would prove of value to their writers.

The fact that as many as seven of the Institutions for Mental Defectives have sent us contributions is gratifying; and we observe with pleasure the interest and activity shown in research into the problems of mental deficiency, and the broad basis on which the work is being placed at some of the larger Institutions. For example, the Managers of the Royal Eastern Counties' Institution, in conjunction with the Medical Research Council and The Darwin Trust, have appointed Dr. L. S. Penrose (M.A., M.D.) as a medical officer who will devote most of his time to research. To assist him, Miss D. Newlyn has been appointed

social investigator. The first task to be undertaken is a clinical and mental examination of all patients in the institution and its branches, together with a personal enquiry into family histories and other relevant data, with a view to determining the relative incidence of primary and secondary amentia, and to elucidating the scientific character of these two types of defect. At Stoke Park Colony (Bristol) a comprehensive scheme of scientific investigation, prepared by Dr. R. J. A. Berry (M.D., F.R.C.S.Ed.), Director of Medical Services, has been in operation for several months. The laboratory has been completed and refitted, and there has been appointed a medical Visiting and Research staff comprising some members of the teaching staff of the University and of consultants practising in Bristol and Bath. We shall look forward with keen interest to receiving in due course the results of both these schemes of research.

Routine laboratory work.—A summary of work of this nature is supplied by 19 of the reporting institutions, including two for mental defectives. This number is only about one quarter of the laboratories at which such work is in progress; so that in this connexion also we hope that more institutions will send an account of the year's work. Even if it is of secondary importance compared with the other communications sent to us, we see directions in which its collation would be of interest and service; and, as we have suggested in former years, the more fully it is made manifest that adequate attention is given in mental hospitals and in institutions for mental defectives to this important side of their work, the greater will be the confidence of the enlightened sections of the public.

Several of the mental hospital laboratories are either recognized as the County laboratory or undertake work for the Public Health Authority; notably Hellingly and Parkside. At the latter of these hospitals, investigations of specimens for practitioners resident in the district are undertaken, a charge being made for the reports so furnished.

Septic Foci.—This important line of investigation and treatment continues to be actively pursued in Birmingham. It is also the subject of close attention at several other centres (see the reports from St. Andrew's, Cardiff, Rainhill and Chester) and finds a conspicuous place in their measures of treatment. In this relation, it is of interest to read the weighty statements in the report from St. Andrew's Hospital as to the important part played by oral sepsis as a starting point for the dissemination of infection throughout the body, especially in the formation of lower alimentary foci. It is also of interest and, of course, of great importance to note divergences in experience. For instance, in the report from the above-mentioned hospital, it is stated that search for evidence of sinusitis as being a relatively common condition has proved, under their present methods of examination,

contrary to the findings of other workers ; but it is admitted that, in their cases where radiological and clinical appearances seemed negative, exploration in order to obtain bacteriological evidence of sinus infection has been rare—the belief being expressed that, in any such undiagnosed cases the inflammatory condition must be extremely mild. From two communications from Cardiff, one in relation to Infections in the mouth and the other to Gynaecological conditions—the impression is left that their findings did not tally with either those of Birmingham or of St. Andrew's. The import and significance of the subject in relation to persons stricken with mental illness are so great that we hope every encouragement will be given to this line of treatment ; and that those who pursue it with vigour will communicate their results as to every case so treated. It seems to us most desirable, too, that the members of the medical staffs of the hospitals at which investigations upon septic foci form a conspicuous feature in their treatment, should keep closely in touch with one another and should arrange, if possible, to meet at each other's hospitals and to discuss the problems involved.

Biochemical.—Among the most important communications of this nature are some from Cardiff, where, under Carbohydrate metabolism in the Psychotic, it is claimed that a close relationship has been demonstrated between the sustainment of hyperglycaemia (the Hyperglycaemic Index) and emotional tension, and the significant statement is made that this index is proving of value, in manic-depressive cases, in prognosis, in watching results of treatment, and in determining the time at which a patient may be deemed fit for discharge. In this connexion and as tending to confirm the above-mentioned results, a study also was made of the emotional tension of patients by means of the psycho-galvanometer. Another important line of study pursued at Cardiff has been upon Cell Structure and Cell Activity ; and it is claimed to have been shown that, once the cell structure is damaged or modified, the ability of the cell to perform its function of oxidation is decreased or disappears : the manner in which toxins thus can exert their evil effects is pointed out. Mention is made of other important observations in progress upon oxidation processes ; also of others upon Nitrogen metabolism ; and upon the Blood coagulation time in psychotics. At Stafford, investigations have been made into the significance of Cholesterol in Cellular oxidation and its bearing on mental disorder. The work includes the elaboration of a method for the actual separation and gravimetric estimation of the total blood cholesterol as such, and demonstrates the effect of cholesterol depletion or excess on oxidative processes in relation to phospholipin content, and the treatment of dementia praecox in the light of these findings.

Among other biochemical reports, mention may be made of—Calcium and Phosphorus compounds in certain conditions (Wadsley), Acidosis investigation (Hellingly), Methods of Fat estimation (Bethlem), and excretion of Indican (Oxford and Barnwood House).

Dysentery, Enteric, etc.—“Asylum Dysentery and allied Infections” is the subject of a Twelfth Post-War Report from Wakefield. This includes information based on the routine bacteriological examination of fæces from new admissions, observations on the employment of vaccines in Dysentery, the results of the investigation during the year of 34 cases of Infective Enteritis, and a short but valuable summary of these yearly Reports from 1919. As well as much information in a small space, there are in this summary most important lessons, a knowledge of which should be possessed by all physicians responsible for the health of mental hospitals. The results of investigations into Enteric fever* and into Dysentery†, especially of searches, in both diseases, for “carriers” are communicated from seven other mental hospitals and two institutions for mental defectives. All these investigations embody a great deal of painstaking and useful work; and, if there is a feeling that the time involved can be ill-spared from that which is so urgently required for the more direct investigation into mental disorders, it is undeniable that the work is essential if due care is to be taken of the general health of these communities. Moreover, in the light of such comments as those made in the report from St. Andrew’s upon the incidence of Diphtheria, it may ultimately prove that the knowledge thus gained concerning certain infectious disorders, whose presence so embarrasses the administration of a mental hospital, is directly related to the incidence of the disorders for the treatment of which these hospitals exist.

At the Royal Eastern Counties Institution, the Schick test continues to be applied to all new patients: the number of patients thus tested amounted to 1,548, of whom 32 per cent. were positive reactors and were immunized.

Communications upon *Undulant Fever* and the possibility of human infection by *Brucella Abortus* (Bang) from cows have been received from three hospitals.‡

General Paralysis.—Some twelve communications** relate to this disease—most of them to its treatment, by induced

* Dorset, Napsbury, Storthes Hall, Wadsley and Leavesden.

† Bristol, Claybury, Dorset, Leicester City, Storthes Hall, Wadsley, and Calderstones.

‡ Hanwell, Park Prewett and Hellingly.

** L.C.C. Central Laboratory, Horton, Claybury, West Park, Devon, Netherne, Hellingly, Wadsley, Storthes Hall, Bristol, Derby Borough, Leicester City.

malaria or courses of tryparsamide or by both these remedies, and sometimes by adjuvants; also by sulphosin or colloidal sulphur, for the latter of which, so far as the pyrexial reaction is obtained, results far more satisfactory than for the former are claimed. In the report from the London Central Laboratory, mention is made of an account of 579 cases treated by malaria in the London County Mental Hospitals. Apart from these special communications, we know of 58 mental hospitals at which, during 1930, induced malaria was employed; and of 24 at which treatment by sulphosin was tried, either for this disease or for Dementia Praecox. At Horton the unit for the treatment of General Paralysis has been increased by 10 beds, and some enlargement is about to be made to its laboratory accommodation. Emphasis is given to the necessity for getting cases for treatment in as early a stage of the malady as practicable. Its treatment by the Swift-Ellis Intrathecal Technique is the subject of a report from Hellingly.

The Cerebrospinal Fluid, the Sero-diagnosis of Syphilis, and the Relation of Syphilis both to Mental Deficiency and to Mental Disorders.—Some fifteen communications* relate, in one direction or another, to these important subjects. There is, we are glad to observe, a steady advance in the number of mental hospitals and institutions for defectives, at which it is a part of routine examination to apply the Wassermann or other corresponding test to the blood of every newly admitted patient and to follow this up, in positive cases, by an examination of the cerebrospinal fluid. We hope that this, or some other agreed and uniform, procedure will become a settled practice in all these hospitals and institutions. We feel that, if the results of such examinations for the whole of England and Wales were adequately collated and tabulated—a task we should be pleased to undertake—information of far-reaching value might be obtained. It is scarcely within our province to judge; but, from some of these communications, it would seem that the belief hitherto held that a negative result as regards the blood makes it unnecessary to examine the cerebrospinal fluid may turn out not to be well-founded.

Encephalitis (lethargica, epidemic, acute and chronic).—Histological examination of the brain is being made in 14 fatal cases at Wadsley, where also a special study in 10 cases of the pituitary and hypothalamic region in relation to symptoms has been made: it is satisfactory to note, in connexion with these studies, the link that exists between the mental hospital, the Royal Sheffield Hospital and the Fir Vale Hospital. One of the promised communications from Birmingham relates to this

* L.C.C. Central Laboratory, Bristol, Derby Borough, Dorset, Leicester City, Oxford, Storthes Hall, Wadsley, Whittingham, Winwick, Calderstones, Stoke Park, Caterham, Leavesden and The Manor (Epsom).

condition ; and one from Derby Borough deals with the treatment of "Parkinsonism," as also does an investigation in progress at West Park. The relation of focal sepsis to chronic encephalitis has been studied at Rainhill.

Chronic Renal Diseases.—Increasing attention is being given to the high frequency of this condition in cases of mental disorder. This is exemplified in the communications, for instance, from Wadsley, Dorset and especially from Hellingly. It was the subject of comment in the previous year's report from the last-named Hospital and from Croydon ; and, if studied upon a broad enough basis and in a sufficiently large enough number of cases to permit of their being divided into age-groups, we believe that it will be found well worth while continuing and extending these observations.

The Ductless Glands.—This is another subject to which increasing attention is being given. Among investigations of this nature are—the Hypothalamic region of the brain and the human Pituitary (Wadsley and Napsbury), Hepatic efficiency (Menston), and Disorders of the Thyroid glands in mental disorder (Horton),

Anthropological measurements and other Schematic examinations.—From Oxford comes a report of research into the correlation of indices obtained from anthropometrical measurements to types of mental illness. The cases so examined fall, according to this index, into three groups—the so-called Pycnics, Pycnoids and Asthenics, the first belonging to the manic-depressive group and the last to the schizophrenic type. From Stoke Park Colony we have received a report which outlines a scheme of research that has been commenced on a group of 200 adult female high grade defectives. A very complete examination is being made, the result of which cannot fail to be of interest and importance.

Psychotherapy and Psychopathology.—This is a side of the work which, so far as communications sent to us are concerned, is apt to be neglected; and, in perusing copies of clinical records as occasion sometimes necessitates, we have often felt, and have sometimes been constrained to remark, how unfortunately little evidence there is of time spent in extended conversation, and in "heart to heart" talks, with the patient. For these reasons, we welcome the communications referred to below upon Out-patient treatment of mental illness, and those upon Psychopathology, of which there are two from Winwick, one from Horton in reference to Psychological research, and one on Psychotherapy from St. Andrew's. They are, we hope, the forerunners of others.

Clinical accounts of Cases.—Porencephaly (Derby Borough), Congenital syphilis (Derby Borough), a rare Congenital lesion of

the Brain (Rainhill), Rupture of Coronary artery (Rainhill), a case of Aural sepsis and mental disorder (Chester), a case of Post-Encephalitis and one of gonorrhoea with Oronasopharyngeal sepsis (both Birmingham), Haemorrhagic Pancreatitis in an idiot (Fountain). We welcome these accounts: as already indicated, we think that there should be no difficulty in greatly increasing their number, and we should gladly find space for their inclusion.

Miscellaneous.—The incidence of *Appendicitis* in mental disorders has received attention at Birmingham. *Family History* is the subject of a study communicated from Parkside and of one in progress at The Manor (Epsom). Another report from the former of these two places correlates the *Cause of Death* with the type of mental disorder. Such studies are well worth undertaking and we should welcome more of them; they not infrequently bring to light points apt to be lost sight of in Tables relating to the country as a whole.

Other reports indicate that work has been, or is being, done on the following :—

Acidophilus milk therapy (Chester), *Blood Pressure* in mental disorders (Croydon), *Hepatic Efficiency* (Menston), *Deficiency of Vitamin C* (Croydon), *Chronic Chorea* (Bexley), the prevention of *Influenza* (Whittingham), the treatment of *Scabies* (Devon), *Brain-liver weight ratio* and *Leukocyte* study and its lessons (both Dorset), *Congenital facial Diplegia* (Leavesden), *Stigmata of Degeneration* in relation to mental deficiency (Fountain), treatment of *Disseminated sclerosis* (Devon), *Epilepsy* (Notts City, Netherne, Stafford and Banstead), tests for *Tuberculosis* (Hellingly) and *Excitability of the Respiratory Centre* (Claybury).

X-ray Application.—The reports of X-ray work (from St. Andrew's, Birmingham, Horton, Wadsley, Wakefield and Stoke Park), although not numerous, again emphasize the great value and service of this important facility; not merely in cases where injury is suspected, but also for the diagnosis of conditions, the presence of which might have remained undetected without it, and upon the treatment of which the patient's recovery may have depended. As examples, mention may be made of the routine examination of the teeth and of the accessory sinuses in the skull, of suspected cases of lung disease and in doubtful cases of kidney or bladder disease. The very fact that such convincing evidence of the great assistance afforded by these installations is forthcoming, even though it be from a comparatively small number of places, brings into unpleasant and disquieting relief the handicap under which those places not thus equipped must be working.

Hydrotherapy, Electrotherapy, and Actinotherapy—There is increasing evidence (for example, from Horton, Devon, Wadsley and St. Andrew's) of the steadily growing appreciation of the value of continuous and other forms of baths and douches, and of colon lavage ; indeed, as a preliminary and preparatory regime for most new admissions, it is given by some hospitals the foremost place in treatment. Comments are also made upon the value of diathermy. Results of treatment, either under the Carbon Arc or the Mercury Vapour Lamp, are given in relation to both the mental and physical condition, according to the purpose for which the treatment was administered.

3. OUT-PATIENT TREATMENT OF MENTAL ILLNESS.

Reference is made at some length in the Introductory part of our Report to this important matter. On a later occasion, it is our intention to refer to the matter in greater detail, and to set out, as was done in our 12th Report (1925, pp. 50–56), the extent to which this line of treatment is available and the use that is made of it. It happens, however, that among the communications sent to us this year for our Supplement there were two—one from Cardiff and the other from Wadsley (Sheffield)—which deal with and illustrate the subject in an interesting and practical manner ; and, accordingly, we have placed them together at the end of the Supplement.

By Order of the Board,

(Signed) L. G. BROCK,

Chairman.

(Signed) O. E. DICKINSON,

Secretary.

(Signed) P. BARTER,

Joint Secretary.

2nd June, 1931.

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LUNACY AND MENTAL DEFICIENCY.

THE
SEVENTEENTH ANNUAL REPORT
OF
THE BOARD OF CONTROL
FOR THE YEAR 1930.

PART II

(Presented pursuant to Act of Parliament.)

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The Utility of the Psychiatric Out-Patient Clinic.
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2. *From the West Riding Mental Hospital, Wadsley, Sheffield*
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Hospitals. P. 127.I.—THE JOINT BOARD OF RESEARCH FOR MENTAL DISEASES (CITY AND
UNIVERSITY OF BIRMINGHAM).A.—*Laboratory Report.*—By Dr. F. A. PICKWORTH, B.Sc., Laboratory
Director.*General.*

There has been a continuance of the work of previous years, especially with regard to recent developments. Some noteworthy items are the increase in museum specimens, histological examination of thick brain sections, and serial sections of the carotid artery, which are being examined for organisms.

Bacteriological.

5,367 specimens have been examined and reported upon by the laboratory, 4,670 specimens from Hollymoor and Rubery, 398 from Winson Green and 289 from Monyhull Colony. Routine work has included 1,292 Wassermann tests, 868 Widal tests, 328 colloidal gold tests, 274 cell counts, 523 bacteriological examinations of nasal sinus wash-outs, 304 swabs for diphtheria, 377 faeces and urine for examination, 54 sputa for T.B., 83 post-mortem examinations, and 144 bacteriological examinations of swabs taken from post-mortems.

The brain is examined for organisms in suitable post-mortem cases. 24 specimens from 12 cases have shown that 15 aerobically and 22 anaerobically were sterile. The organisms which have been found vary considerably in individual cases, and so far are of little value as positive evidence.

A new method of the examination of faeces for typhoid-dysentery organisms, by intra-peritoneal injections of specially prepared material into mice, is being studied.

Histological.

Serial sections of the carotid arteries and adjacent tissue from three cases have been examined for gram-positive organisms, the findings being recorded by sketches. A further twelve specimens of sphenoidal sinuses have been examined for gram-positive organisms. A large number of tonsils removed at operations have been sectioned and stained. As the result of a large series of experiments, a method of demonstrating blood in brain vessels has been devised which is superior to the best known injection methods, and which does not possess the insuperable difficulties of the latter. The new method opens up a new field of research into cerebral localisation, which is now being undertaken. By applying the method to sections one quarter millimetre thick, it is possible to examine a whole brain in a couple of months. So far 122 such sections have been examined, 86 from four human cases and 36 from control (animal) brain.

Chemical.

Experiments have been continued on the resistance of red blood corpuscles to haemolytic agents under varying conditions and the permeability of the corpuscular envelope to inorganic substances and dyes has been quantitatively investigated. By the use of masses of raw egg-white the permeability of colloid albuminous substances without lipoidal envelope has also been determined. An attempt is being made to separate viruses from brain-mash obtained post-mortem by cataphoresis, using haemoglobin as an indicator. Since it is known that during malarial treatment of g.p.i. a temporary increase in the permeability of the brain membranes occurs, a series of experiments has been undertaken to show

whether heat alone causes such increase. After treatment with bromide, rabbits were kept for varying periods in a warm chamber. Results so far seem to indicate an increase in permeability due to simple heat effects.

Publications.

"*Antral Sinusitis and Dental Caries.*" By F. A. Pickworth, *British Dental Journal*, 1930, October.

The association of dental infection and antral disease is illustrated by sketches of actual specimens. The theoretical aspect of such infection to intra-cranial disease is briefly discussed and the findings in a case of brain degeneration, due to partial thrombosis of the carotid artery, are illustrated to show that dental sepsis was an important etiological factor.

"*The Oxygen Capacity of the Blood in One Hundred Cases of Mental Disorder.*" By D. L. Woodhouse and F. A. Pickworth, *Biochemical Journal*, 1930, 24, p. 834.

The oxygen capacity of the blood has been compared with the total haemoglobin content in order to find out whether derivatives of haemoglobin, useless for respiratory purposes, occur in the blood of mental patients. 130 specimens from 100 cases were examined and 28 cases showed the presence of such inactive pigment. A correlation of inactive blood pigment with a positive Widal reaction to organisms of the typhoid-dysentery group was possible in most cases.

"*Über chirurgische Behandlung von Geisteskrankheiten in England.*" By H. A. Strecker. *Psychiatrisch-Neurologische Wochenschrift*, 1930, 36.

This paper was read before the Association of Psychiatrists of Bavaria and deals with clinical and pathological work which is being carried out in Birmingham in relation to Nasal Sinus disease and Mental Disorder.

"*Confusional Insanity with Empyema of the Sphenoidal Sinus.*" By F. A. Pickworth, *Brit. Med. Journ.*, 1929.

Describes the pathology and relationship of an infected sphenoidal sinus, with photographs illustrative of the spread of streptococci from the sinus into the cranial cavity. Special reference is made to the pituitary gland which also contained organisms. A summary is given of symptoms having a possible relation to defective pituitary function in 69 cases of insanity in which a sphenoidal infection had been demonstrated clinically.

B.—*Clinical Report.*—By Dr. T. C. GRAVES, F.R.C.S., Chief Medical Officer, Birmingham City Mental Hospitals Committee.

General.

The reports from the Dental, Gynaecological, and Ear, Nose and Throat Departments of the hospital give the incidence of diseased conditions found in the direct admissions during 1930. Whilst here and there cases are met with in which mental disorder appears to arise from a diseased condition wholly within the province of one department, yet in the majority of cases the sources of the responsible toxæmia have spread more widely and team work is essential for the complete treatment of the case. This observation is illustrated by several cases which are described in detail.

The part played by oronasopharyngeal sepsis in relation to the puerperal and post-puerperal psychoses is discussed, seven illustrative cases are given. The interrelation of appendicitis, oronasopharyngeal sepsis and mental disorder is discussed in reference to the cases described.

Two other individual cases considered interesting are described: one of carcinoma of the rectum and the other a case diagnosed as encephalitis lethargica.

Further investigations into non-specific therapy have been made. Using a preparation of sulphur in oil prepared by a British house, observations have been made on its therapeutic value and to ascertain whether the sulphur was the sole factor in causing the pyrexias. This latter point was important, for on it the further development of the therapy depended.

As far as we know at present sulphur appears to be the only simple inorganic agent which on intramuscular injection will cause safe pyrexias without risk to the receiving tissues. Its administration in a heavy medium and in large quantities was felt to be a disadvantage. It was found here that suitable pyrexias could be obtained with half the doses which had been prescribed by other workers. Further observations seemed to indicate that the production of pyrexia depended on the preparation as a whole and not on the sulphur alone. Fortunately the same house was able to prepare a stronger preparation, with water as the vehicle, than they had previously made and this has been, and is being, extensively used in place of the oily preparation. This aqueous preparation is more easily manipulated and appears to be equally useful in evoking pyrexias, thus indicating that the sulphur moiety of the preparations is the actual pyretogenic agent. Resembling other non-specific therapeutic agents, sulphur appears able to activate a focal reaction in areas of low grade inflammation. The focal reaction induced by sulphur is, as far as has been observed, not as obvious and striking as that induced by t.a.b.

The action of t.a.b. on gonorrhoeal gleet in a case of mental disorder is described. Following the treatment of oronasopharyngeal sepsis, there was an improvement in the urethral discharge, and, following the action of t.a.b. in inducing a focal reaction, the discharge ceased. The combined treatment resulted in mental recovery. What has been intended to act by specific therapy has been the employment of antistreptococcal serum. Two kinds have been used: polyvalent and antiscarlet. Reference has been made in previous reports to the use of polyvalent, the present purpose is especially to record the use of the scarlet fever antitoxic serum in the treatment of diseased conditions in cases of mental disorder. It has been employed for three main purposes:—(a) Primarily in order to save life by combating a serious diseased state of streptococcal causation, such as cellulitis. In such cases the possibility of the mental state being improved, if life was maintained, was not a factor in determining its use. (b) In order to save life and to improve the mental state, as in cases of Puerperal sepsis with delirium. (c) Where there is no question of the life of the patient being in immediate danger but where streptococcal infection is present of variable severity, e.g., dental, nasal, etc., and is considered responsible for the mental disorder. In several cases in each group the anti-scarlet serum appears to have attained the end for which it was given.

Dental Department.—*Visiting Surgeon, Mr. THOMAS YOXALL, M.R.C.S., L.D.S.*

All new patients have been examined as soon after admission as their condition permitted, and, out of 451 direct admissions, during 1930, oral sepsis was recognized in 318, approximately 70 per cent. Of these, the figures as regards the sexes were:—males 193, 136 showed oral sepsis, 68 per cent.; females 258, 182 showed oral sepsis, 72 per cent.

Increasing use is being made of radiography to localize buried roots and unerupted teeth, and in many cases these have been found in mouths otherwise apparently edentulous. Frequently these buried roots, where they are related to the antrum of Highmore, have been proved to be, in the mentally disordered as well as in normal persons, the cause of continued suppuration within that cavity. The use of antistreptococcal serum has been continued in the treatment of the mouths of several cases, with satisfactory results.

A unique case was presented in the person of a mental defective rachitic girl.

Her condition on admission from her home was one of confusion, which had been increasing over a period of time, during which she had persisted in eating plaster from the walls of the rooms. She had eaten large quantities of plaster before admission to mental hospital. A severe septic anaemia of the pernicious type was associated with cardio vascular disorder, oedema, menorrhagia and other anaemic states, necessitating care in relation to any surgical interference. She was put on calcium therapy

and gradually her oral sepsis was treated by extraction of roots and carious teeth at spaced intervals. She improved slowly mentally and physically. The confusion passed away, the anaemia and associated conditions showed remarkable improvement and she became a useful worker in the laundry prior to her discharge to appropriate care.

Reference was made to the matter in last year's report, but it may be observed again here that the mouths of adolescent patients definitely improve year by year, as a result of the work and instruction of school dental clinics, as regards freedom from sepsis but not necessarily in the absence of caries. The fact must again be noted that greater benefit has been derived from the extirpation of closed sepsis than open sepsis and the grave risks consequent upon crown and bridgework and root fillings must be recognized. If the apical granuloma is a sign of resistance to infection on the part of the patient, then it is an effort of resistance which the patient's tissues should not be called upon to make if it can be avoided. Of all the root filled and crowned teeth removed during the year, not one would be passed as healthy, at least on examination by the eye or nose.

Further experience has now proved that better results are obtained in the ear, nose and throat department if the oral moiety of sepsis is treated first.

Gynaecological Department.—*Visiting Surgeon*, Mr. A. B. DANBY, F.R.C.S., Ed.

During the year all the female admissions have been examined or re-examined, and those of the other patients who have required it have been reviewed in connection with their gynaecological treatment.

The conditions found have included :—

1. *Disorders Associated with Reproduction.*

(a) Mental disorder associated with pregnancy :—One case (E. B.) only was met with. The mental disorder passed away, following treatment of focal sepsis, several months prior to term. She has since been delivered without mental disorder developing.

(b) Mental disorder associated with the puerperium :—In fourteen cases mental disorder appeared at varying intervals after delivery and during lactation. On admission the majority of these cases presented subinvolution of the uterus and some retrodisplacement associated with a mucopurulent discharge.

The routine treatment in the acute cases, where suitable, includes scarlatinal antitoxin with intrauterine glycerine, pitocin, hot douches and calcium therapy.

2. *Disorders not directly Associated with Reproduction.*

(a) *Infective Conditions.*—As in previous reports the commonest conditions found were of infective, but generally not venereal, origin and in acute, subacute or chronic states.

These conditions of gynaecological sepsis, amongst the 178 direct admissions, were found in 79 cases, 45 per cent.

As previously reported, conditions of chronic endocervicitis have been treated with the electric cautery for multiple punctures and radial cauterization, and this has produced excellent results. In no case has it been found necessary to administer an anaesthetic for this treatment.

Routine antiseptic douches and pessaries have also been used and, in addition, non-specific protein therapy has proved very satisfactory as a means of clearing up resistant local lesions.

In the 178 direct admissions, the Wassermann reaction in the blood was found to be positive in only four cases. In addition, one case with a negative reading in the blood gave a positive Wassermann in the cerebro-spinal fluid (in the absence, so far as known, of any recent treatment); and this case, at autopsy shortly afterwards, showed characteristic lesions of general paralysis. Of the four cases which gave a positive reaction in the blood, three were clinically and serologically cases of general paralysis.

One of these cases was a girl of 28, who on examination appeared to be virgo intacta. There was no evidence of an acquired or congenital infection and her mother had had a large and healthy family with no miscarriages. The mother's blood was tested here and was found to be negative to the Wassermann test.

(b) *Non-Infective Conditions*.—A number of cases of retrodisplacement and simple prolapse have been discovered on routine examination and have been corrected by means of pessaries.

(c) *Malignant Disease*.—No cases of malignant disease of the female organs of generation have been found, except for one case who had had her breast removed for cancer shortly prior to admission, although the majority of the cases examined have been in the cancerous age.

(d) *Hormone Therapy*.—This has given varying results. In some cases excitement and agitation have been more marked after injections of ovarian extract, whereas in other cases benefit appears to have resulted.

Ear, Nose and Throat Department.—Honorary Consulting Surgeon, Mr. E. MUSGRAVE WOODMAN, M.S., F.R.C.S.; Visiting Surgeon, Mr. W. STIRK ADAMS, Ch.B., F.R.C.S.

Investigation for and treatment of diseased conditions of the ear, nose and throat amongst protracted cases, as well as in the recent admissions, has been continued; and the incidence of these conditions recorded amongst the direct admissions of 1930 is of some interest. Amongst 451 direct admissions of both sexes, septic conditions of the ear, nose and throat were recognized clinically in 334 cases, approximately, 74 per cent. In the males out of 193 direct admissions these conditions were present in 138 cases, 71 per cent.; whilst in the females the corresponding figures are 258 direct admissions, of whom 196 cases, 76 per cent., had diseased conditions affecting the ear, nose and throat.

In previous reports the character of the lesions and their association with types of mental disorder and general systemic disease conditions have been described. Similar conditions were found during the past year. For the investigation of the nasal sinuses the use of the Watson-Williams technique is still followed.

Details of this technique are now easily available in the author's book on "Chronic Nasal Sinusitis." Treatment has followed investigation and has not been limited to the direct admissions, for it not unfrequently happens that the direct admission is more inaccessible to active treatment than a protracted case.

Suitability for active treatment may be limited by age; but advancing years are not necessarily a bar to a successful result from surgical intervention in these cases. The following case illustrates the development of a recurrent psychotic state after fifty years of age, and in which surgical intervention in the nasal sinuses was successfully effected at the age of sixty.

E.E.F. married, housewife, aged 60 on admission to mental hospital on May 1st, 1930. No psychotic relatives. Patient had been deaf for thirty years and had had two previous attacks of mental disorder; the first from August 21st, 1922, to January 3rd, 1923, and the other from October 31st, 1926, to January 13th, 1927.

The present attack resembled the others in the sudden appearance of confusion followed by noisy, destructive, aggressive excitement. Blood pressure was 156-104 mm. Hg. Temperature was 99 degs. F. on admission. Following the extraction of three dead septic and carious teeth the excitement subsided, confusion diminished and she settled into a depressed, sullen and morose state but without insight into her condition or realization that she had been seriously ill mentally. Her attitude was now, and had been on the previous occasions, that she had been wrongfully brought to the institution as she had no memory of admission. On June 4th, ear, nose and throat examination. Anterior rhinoscopy. Mucus on both sides. Posterior rhino-

scopy. It was not possible to see the post nasal spaces owing to non-co-operation. A granular pharyngitis was present and there was mucus on the posterior pharyngeal wall. Tonsils and external ears were normal. On transillumination the antra were dim whilst the frontals gave fair illumination. On June 10th, blood pressure had fallen to 136-82 mm. Hg. On June 11th, under general anaesthesia, sinus examination using Watson-Williams technique gave the following:—Sphenoids, both entered through ostia at $3\frac{3}{4}$ ins.; left, mucosa immensely thickened, flakes of mucopus; right, membrane normal, flakes of mucopus; ethmoids, both mucopus; antra, left infected, right—no exudate. The cavities were thoroughly irrigated with antiseptic solution and both antra and sphenoidal sinuses were drained intranasally. Convalescence from the operation was quite uneventful. Her mental state now soon showed a considerable advance on that shown either before the operation or when previously discharged. She had now gained insight, recognized she had been ill and was more cheerful and willing to assist others. Blood pressure was now 138-84 mm. Hg. On August 7th, she was discharged to her husband's care on trial. At the end of the month the relatives, her doctor's and the Visitor's reports were satisfactory. She was discharged from the hospital books, recovered.

In this case it appears that the left sphenoidal sinus had been in a state of chronic inflammation for many years. Exacerbation of the disease led to complete closure of the ostium with consequent absorption of toxic matter producing a state of confusion when combined with the toxæmia arising from the teeth.

C.—*Oronasopharyngeal Sepsis, Appendicitis and Mental Disorder.*—By Dr. T. C. GRAVES, F.R.C.S.

Oronasopharyngeal sepsis is very common in cases of mental disorder, but the same observation does not hold true with regard to acute appendicitis and mental disorder. On the other hand acute cholecystitis, in its several types, occurs and is more common than acute appendicitis in cases of mental disorder.

Disturbances of the stomach and of the large and small intestines occur in both the early and late stages of mental disorder, yet, during life and at autopsy, pathological changes of an acute inflammatory type affecting the appendix are very rare, so much so that it is wise to give a second review to the evidence before completing a diagnosis of appendicitis in cases of mental disorder. The effect of the agents which are included under the term "non-specific therapy" is to stimulate healing by reactivation of latent inflammatory processes around foci of infection. Non-specific therapy has been extensively practised in this hospital with many agents, but in no single cases has an inflammatory state of the appendix been activated in a case of mental disorder. It by no means follows, however, that a subject of mental disorder has never had, nor, is likely to have an attack of appendicitis, although during the actual course of an attack of mental disorder the disease is rare. For these reasons it has appeared useful to collect a few cases where appendicitis has occurred in the medical history of cases of mental disorder and to enquire into the significance of that disease in relation to the disordered mental state.

Dr. Patrick Watson-Williams, in "Chronic Nasal Sinusitis and its relation to General Medicine," page 40, gives a summary of the medical history of a case where mental disorder supervened after two attacks of, and operation for, appendicitis, viz.:—

CASE 1.

M.—A case illustrating sinusitis, neurasthenia and psychosis.

1901:—Severe influenza; 1903:—Appendicitis; 1907:—Appendicectomy; 1908:—Prolonged insomnia, depression. Went voyage. 1908 to 1911:—Health normal; 1911:—February. Slight influenza. Headaches, insomnia, depression. Consulted four physicians. Went voyage. Suicidal. Incapable of any mental effort, but played golf and looked strong. 1911:—August. Mental state of delusional insanity. Chronic pansinusitis diagnosed. Operations on sinuses. Pure staphylococcus aureus infection found. Cured. Mental recovery complete. Resumed his work as bank manager. 1930:—Uninterrupted good health. Still holds his appointment as a bank manager.

CASE 2.

G.M.J., female, single, clerk, aged 22 on admission to mental hospital on March 3rd, 1923. First certification.

History.—Family not psychotic. Father had rheumatic fever twice. Until admission to a general hospital six weeks previously for acute appendicitis her mental state had been normal. Immediate operation was necessary. Immediately after the operation her relatives noted that she was “peculiar.” Her mental state became gradually worse. She appeared depressed from time to time, cried for no obvious reason. Beyond giving her name she gave no intelligible answer when questioned, sometimes she gave no answer, at other times her replies were irrelevant. She failed to recognize her relatives and those around her and was disorientated for time and place. Left to herself she talked continuously with constant rhyming. She removed the dressings from the wound and tore her bed clothes. Finally became uncontrollable.

On Admission to the Mental Hospital.

Physical State.—Height 5 ft. 3½ ins. Weight 6 st. No pyrexia. Emaciated. Pulse 102. Lips cracked and sore. Several carious teeth. Anaemic. Albuminuria. Two wounds; one midline for pelvic drainage had partly epithelized, the other over “McBurney” was still in the stage of early granulation, the tissues having a pale anaemic appearance, with a central fistula still present. Blood, Wassermann test, negative.

Mental State.—Confusion, disorientation complete, incoherent rambling speech. Restless and impulsive. Examination resisted. Required constant supervision to prevent removal of dressings from wounds. Insomnia.

Course and Treatment.—Treatment by paraldehyde failed to allay the restlessness and excitement and the wounds made little progress towards healing. In April, under chloroform anaesthesia, eight dental extractions were effected of carious teeth and roots. Following this, injections of collosol calcium were given. Paraldehyde was no longer required. The wounds now became more vascularized and rapidly healed. Restlessness and impulsive conduct ceased and she became amenable to nursing. Confusion gradually passed away leaving a state of depression. At the end of May her weight was 7 st. 2 lbs. Since admission and during June and July menstruation remained in abeyance, although her physical state improved and depression gradually diminished. She went out on parole. Her weight at the end of June was 8 st. 1 lb. and at the end of July 9 st. 3 lbs. Albuminuria ceased. Preceded by an exacerbation of depression, menstruation appeared from August 13th to 16th. After this depression cleared and her general physical condition improved. On September 5th, 1923, she was discharged on trial to the care of relatives and finally discharged from the books as recovered on November 7th, 1923. February, 1931. Visitor reported patient was now married, no children, and had had no relapse since discharge from hospital.

CASE 3.

L.W., male, single, labourer, aged 20 on admission to Mental Hospital on October 21st, 1930. First certification.

History: Family.—No psychotic heredity. Parents healthy. *Personal.*—Measles in childhood. No scarlet fever. December 31st, 1929, operation for a “septic leg.” August 29th, 1930, operated on for appendicitis at a general hospital.

Present Illness.—About a month after the appendicectomy he became strange in his manner and wandered about aimlessly. On admission to a hospital it was observed that he was confused, restless and destructive. He stated that he had wings and was able to fly in the air, that he wanted to join the Police force and therefore must practice boxing, that he must kill his father to save the rest of the family and then it would be time for him to die as he was tired of life. He tore up his shirts, broke cups and plates, pushed rags down his throat and tied them round his neck, attacked other patients and was wet and dirty in his habits.

On Admission to Mental Hospital.

Mental State.—He was confused, triply disorientated, detached and uninterested in his environment, inattentive, memory defective. He appeared to be engrossed by auditory hallucinations—he said men’s voices told him he was “King of the Manor.” He frequently adopted bizarre attitudes.

Physical State.—Fine linear scars on right calf. Healed appendicectomy scar. Heart and lungs normal. Peripheral circulation, only fair. Blood pressure 124–60 mm. Hg. Nervous system normal apart from bedwetting. Urine normal. Blood.—Wassermann and Widal tests negative. Radiographic examination of chest normal.

Course and Treatment.—During November three infected teeth were removed, but no appreciable improvement was shown in mental state. Colonic lavage given and continued. On December 9th, ear, nose and throat investigation. Tonsils normal. Puncture of the antra, under local anaesthesia, showed presence of mucopus in both; they were irrigated with antiseptic solution. Some slight improvement in the mental symptoms followed. The hallucinations appeared to be less intense and conduct was less influenced by them. On December 30th, 1930, under general anaesthesia, a sinus examination using the Watson-Williams technique showed the presence of mucopus in the sphenoid, ethmoid and antral sinuses on both sides. The antra were drained intranasally and the other sinuses thoroughly irrigated with antiseptic solution. He now was given ultra-violet radiation therapy. By January 22nd, 1931, he had considerably improved and began to employ himself usefully. The hallucinations had disappeared. He was well orientated, replied to questions relevantly, briskly and intelligently. Depression had passed away. He stated that he had suffered before admission from frontal headaches but that these had now disappeared and volunteered that he could breathe more freely through his nose now than he had ever been able to remember doing. There were now no olfactory or aural disturbances. He had gained two stones on his weight on admission. On February 12th, 1931, he was discharged on trial to the care of his relatives. In the following March he was discharged from the hospital books as recovered.

CASE 4.

O., male, married, acetylene welder, aged 28 on admission to Mental Hospital, January 11th, 1930.

History: Family.—Not psychotic. Parents alive. Three grandparents lived to 77, 80 and 84. One brother two years younger, "chesty," nasal catarrh since measles; adenoids removed at school.

Personal.—Born March, 1901. No scarlet fever or diphtheria. 1905. Measles with bronchitis, with brother. Consent refused for removal of septic tonsils when at school. 1913. Away from school for a year with ringworm. 1914. Defective vision discovered. 1915. Left school, Standard VII. Commenced engineering. Fearful and nervous temperament, recognized by parents, caused him to resign several posts. 1916. Teeth began to decay, 3 removed, nevertheless continued to have frequent attacks of toothache and neuralgia. 1918. Influenza during pandemic. 1919. Autumn. Influenza followed by frequent throbbing frontal headaches. Mouth in an unhealthy state. Depression and insomnia developed, became worse as winter came on, finally confused, certification, and in February, 1920, admitted to mental hospital. Progress gradual, not interrupted by periods of lucidity. 1920. September, discharged from mental hospital. Returned to work. 1922. Influenza. 1923. November, bad "cold in head." 1924. May, acute appendicitis with peritonitis, operation, drainage by tubes. Good recovery considering condition. Attacks of indigestion, flatulence and severe constipation associated with frontal headaches now appeared at irregular intervals, temporarily relieved by aperients. These attacks became more severe. 1927. Influenza during spring epidemic. 1929. August. Neurasthenia. Ceased work as he was "rundown," easily tired, depressed, discontented, irritable and did not sleep well. A general feeling of something wrong but nothing really definite. Improved during early December, obtained work but after three weeks had to give it up as symptoms returned. The depression reappeared with increased intensity, he was very irritable and threatened suicide. Later confusion appeared.

On Admission to Mental Hospital.

Physical State.—5 ft. 6½ in. 8 st. 12 lbs. Poor general nutrition. Muscle tone poor. Myotatic irritability. Scattered septic papulo-pustular eruption on trunk and face. Sallow complexion. Heart sounds distant; pulse 76, regular. A mouth breather. Lungs, air entry poor. Mouth and tongue, dry and cracked, dental caries, roots and pyorrhoea. Abdomen—lax appendix scar, no tenderness elicited, no distension or mass. Nervous system. Pupils react to light and accommodation. Bilateral variable blepharospasm, possibly more on right. Plantar response flexor. Poor sphincter control. Urine nil to chemical tests. No evidence of venereal disease. Wassermann test in blood and cerebrospinal fluid both negative.

Mental State.—Completely confused. Auditory, visual and olfactory hallucinations. Attention nil. Replies to questions, if given, were irrelevant and incoherent. Resistive to nursing and examination. Noisy, destructive and acutely suicidal. Insomnia.

Course and Treatment.—The subsequent course of the case is made up of twenty phases. Including the phase of confusion present on admission, there were ten periods

of confusion alternating with periods of lucidity. Whilst the duration of a confused period was about ten to twelve days, the periods of lucidity—except the one of convalescence and recovery—varied, from two periods each lasting thirty-four days to one of eight days' duration during July. The symptoms shown during each confused period were identical. A period of onset lasted for about two days shown by diminished psychomotor activity. A general loss of muscle tone manifested in the facial aspect—the lower jaw drooped, mouth breathing was more evident, the lower face became more flaccid and immobile—but accompanied by blepharospasm, sometimes more marked around one eye and sometimes the other. The general bodily carriage showed a loss of tone by the slovenly attitude and the poise of the head drooped. Facial colour became paler and the subcutaneous tissues of the hands became fuller. During this time there was an increasing loss of initiative and interest in surroundings. The whole picture conveyed a state of apparent sullenness, morosity and slovenliness. Voluntary conversation had ceased and replies to questions if obtained were monosyllabic. Any voluntary attempt at activity quickly faded into a state of irresolution, thus when these symptoms were observed and he was instructed to go to bed he would move towards his bed and then stand in an attitude of irresolution, quite unable to disrobe. On some occasions he himself appeared to realize the necessity to go to bed but would show the same state of irresolution. Accompanying the symptoms was a vacant appearance of the eyes, an apparent inability to accommodate. This irresolution might be manifested as one of the early symptoms during the period of normal useful activity indicating loss of concentration capacity. At night sleep was reduced. Definite confusion with hallucinations now appeared lasting for seven to ten days during which he was noisy, resistive and destructive, frequently unable to feed himself, faulty in habits. Peripheral circulation became worse, cyanosis appearing in hands and facial pallor more marked. Then followed two or three days of diminishing confusion prior to return to lucidity, associated with improvement in the general muscular and vascular tone. During these lucid periods he was by contrast brisk and alert and smart in general appearance. Apart from stating that he could see black beetles when he was excited he professed to have, on recovery from the attacks of confusion, no memory of his condition or conduct during those phases. He complained of no discomforts or sensory disturbances especially experienced during those phases. Denied abdominal pain. Medicinal agents had no effect on these periods of confusion, neither altering their duration nor intensity. Active treatment was first directed to the state of the mouth and, in stages, the septic roots and carious teeth were removed, in all twenty-one extractions. Several periapical granulomata were present.

Ear, nose and throat examination found: tonsils, both enlarged and septic. Anterior rhinoscopy, crusting on floor of nose on both sides. Nasal sinuses: On transillumination—antra, both dull; frontals, not quite so dull; ears, normal. Whilst the mouth was healing and during periods when he was able to co-operate, continuous colon irrigations were given. These did not evoke any complaint of pain or even discomfort. When the mouth was sufficiently healed to take the Boyle-Davis gag, under general anaesthesia, the septic tonsils were dissected out and a large pad of adenoids removed. A sinus examination using the Watson-Williams technique found pus in quantity in the right ethmoid and flaky mucopus in both antra. The antra were drained intranasally. A course of non-specific protein therapy using t.a.b. vaccine was given and the following pyrexias were obtained, viz., 102 degs., 102.2 degs., 101.6 degs., 101 degs., 101.6 degs., 102.2 degs., 102.8 degs., 102.8 degs. Following this treatment it was clear that his general physical condition during the periods of lucidity had considerably improved. Thus, his weight at the end of April was 9 st. 8 lbs., the periodic relapse nevertheless occurred during May and at the end of May his weight was 9 st. 1 lb. These variations of physical and mental state strongly suggested the continuance of a septic focus with variable drainage. Alternatively the septic state present on admission was still operative in the deeper tissues and he would require a period of rehabilitation in the warmer weather to enable the tissues to overcome the deeper infection now that the focal reservoirs had been removed. The antral mucosa was still discharging mucopus showing that infection from that mucosa had not all been eliminated. It was about the early summer period that the charge male nurse was able to satisfy himself and report concerning a symptom he felt might be of some value. He had noted that during the few days prior to and including the phase of onset of confusion the patient had attacks of what are best described as belching. Whether he swallowed air or evacuated gas from the stomach was difficult to determine but the charge nurse was now satisfied that the symptom, although not blatantly obvious, had occurred so regularly before each of four attacks that it might be expected as a preconfusion symptom. As has been remarked, the symptom was not remarkably obvious and attention had not been drawn to it by the patient. Only on questioning was it elicited that, as recorded in the history, this symptom had appeared after the operation for appendicitis. He minimized the

importance of it and the associated symptoms pointing out that a purgative had always caused their disappearance. Although during the lucid period he appeared to recognize in a vague fashion that he was subject to attacks of confusion, he was quite sure that he experienced no pain or discomfort in the abdomen during or prior to the onset of the attacks of confusion. He left one with the impression that he preferred to think that the attacks of confusion were caused by animate or inanimate agencies connected with the hospital rather than mechanisms within himself. There was no other symptom to support the view that there was any abdominal cause for the recurring periods of confusion. There had been no vomiting, obstruction, distension, colic or diarrhoea shown in relation to the attacks. The appendicular scar was loose and only the slightest peristalsis was occasionally appreciable through it. On palpation there was no mass, thickening, distension, tenderness or rigidity either during a confused or a lucid period. The possibility, however, that he had some abdominal disturbance was discussed with his wife; but she was not prepared at this stage to consent to abdominal exploration, especially in view of the serious state he was in when he had the attack of appendicitis. Further treatment was therefore directed to stimulating leucocytic reactions by means of non-specific therapy including ultra-violet light. During May a course of "Colsul"—sulphur in olive oil—Crookes'—was given. The following temperature reactions were obtained:— $\frac{1}{2}$ cc., 101.2 degs. F.; 1 cc., 104 degs. F.; $1\frac{1}{2}$ cc., 104.8 degs. F.; 2 cc., 104.6 degs. F.; $2\frac{1}{2}$ cc., 104.6 degs. F.; 3 cc., 102.6 degs. F.; 4 cc., 104.6 degs. F.; $4\frac{1}{2}$ cc., 105.4 degs. F.; 5 cc., 105.2 degs. F. Colon irrigations had been continued and had frequently removed large amounts of mucus, but by June the returns were practically clear. The pharyngeal mucosa still showed severe injection indicative of the continuation of infection from above. Another investigation of the nasal sinuses showed the persistence of ethmoidal infection and ethmoidal drainage was carried out. During July and August he was given a course of five injections of collosol manganese to combat the ethmoidal infection. In August his mental state was, during the lucid periods, so very much improved that he was able to go out with his wife on parole but relapse occurred from August 28th to September 9th. Preceding this relapse it was again observed that the belching symptom was exhibited and on this occasion it was more marked. His wife now consented to abdominal exploration. September 13th: Mr. H. H. Sampson, F.R.C.S.—laparotomy and excision of scar. A band of adhesion $1\frac{1}{2}$ ins. long passed from the caecum to the upper part of the scar, the great omentum was adherent to the inner side of the scar, the proximal half of the appendix was still present and was firmly adherent to the ileum at 1 in. from the ileocaecal valve. The mesentery of the lower 6 ins. of the ileum was shortened by accessory peritoneal bands binding it to the posterior abdominal wall. Above this the ileum was distended, hypertrophied and full of contents. The appendix was removed, adhesions divided or as far as possible freed. No abnormality was found elsewhere in abdomen or pelvis. Reconstruction of the scar was securely effected. On the second day temperature rose to 99.8 degs., otherwise convalescence was uneventful. The lucid period was maintained until September 28th, and during this period his mental state was better than at any corresponding time previously. A relapse into confusion lasted from September 28th to October 11th and another occurred from October 29th to November 10th, but in neither of these relapses were the mental or physical symptoms so severe as they had been before the abdominal operation and especially was this true of the last relapse. From November onwards there were no further relapses, and during this time he improved physically. His weight at the end of November was 10 st. 5 lbs., and at the end of December was 10 st. 4 lbs. The peripheral circulation became more stable and general muscle tone improved. His skin had always borne occasional septic papulo pustules, but during this convalescent period the skin of the right side of the nostril, in the distribution of the external nasal branch of the ophthalmic division of the fifth nerve, developed a well marked herpes which persisted for sometime. Thereafter his progress was uninterrupted. He went out on trial to the care of relatives in February, and was discharged from the books recovered in March, 1931. He returned to his employment.

CASE 5.

7657. N.T., single, female, rule-maker, aged 20 on admission to mental hospital on January 21st, 1930. First certification.

History: Family.—No insane relatives. Grandparents "all lived to a good old age." Mother (no miscarriages) aged 24 and father aged 30 at birth of patient; both alive. A sister, older than patient, had a goitre (larger than that of patient) between 12–17 years of age, it then became smaller. Two brothers and two sisters younger than patient; all alive and well.

Personal.—Single, full term child, normal labour. Strong healthy baby, took first prize at a baby competition when aged six months. Measles at seven years. Neither scarlet or rheumatic fevers nor diphtheria. School 5–14 years of age, leaving in Standard VII. Goitre first noticed at age of eleven, it became larger at 14 and had treatment for it without effect. Appendicitis was diagnosed at 14, no operation. Menstruation did not appear until 17 years of age and was regular until its cessation in November, 1929, has only some slight abdominal pain and backache at periods. After leaving school continued in regular full employment, a good worker, two situations only until present illness. Average weight, with clothes, 7 st. 10 lbs.

Present Illness.—Continued in her usual health and at work until November, 1929. She enjoyed the annual outing of the firm to Blackpool in October, but as towards the end of November she became depressed, irritable and incapable of continuing at work she threw up her situation. Among her remarks her mother remembers that she said she thought she would choke and die. This ambiguous statement appears to have been the only utterance referable to her feeling of discomfort in the throat. Depression became worse and on December 3rd she became hysterical, singing hymns all night. On the following day she was admitted to a hospital. Depression continued and she gave utterance to ideas of persecution, e.g., her food was poisoned. She refused food, was resistive to nursing, refused to allow anyone to touch her, was subject to outbursts of violent temper, resisted all attempts to pacify her, refused to answer questions. Later she became destructive to clothing and equipment and was dirty in her habits. She was admitted to the mental hospital on January 21st, 1930.

On Admission.

Physical State.—In contrast to the pallor the facial freckling was prominent. Height 4 ft. 11 ins. Weight 6 st. 3 lbs. Temperature varied between 97 degs. and 98.2 deg. F. Some lateral curvature of spine. No arthritis. Lymph glands not palpable. No evidence of recent acute loss of weight but definitely under-nourished. Some fullness of both lobes of thyroid. Maximum neck measurement 34 cm. Circulation:—Heart. R.L.C.D. 2 cm., from midline; L.L.C.D. 8 cm., from midline. Sounds soft in all areas, poor in quality, second sound louder than first. Pulse, slow, 52–68, regular. Poor volume. A slower pulse corresponded with a lower temperature and conversely. Blood pressure 98/72 mm. Hg. Peripheral circulation:—Pale face with some dilated venules. No cyanosis. No oedema. Mucosae fair colour. Lungs:—Expansion of chest 70/74.5 cm. Breath sounds soft at all areas. Percussion note normal. Mouth and Throat:—Tongue furred, breath offensive, fauces injected, tonsils enlarged. Teeth:—Three carious; second premolar left and first right, upper; lower right wisdom. Central incisors, a green line due to persistent Nasmyth's membrane around bases. Gums adjoining carious teeth infected. Nervous System:—Admits she has headaches but cannot indicate their situation. Bad taste in mouth. Hears faint watch, 3 ins. left, 2 ins. right. Pupils, equal, medium size, react to light and accommodation. No proptosis. Abdominal reflexes absent. Plantar response flexor. Deep reflexes equally increased. No clonus. Sphincters. Habits faulty on admission, later became controlled. No anaesthesia detected. No tremor, hands particularly steady. Abdomen:—Stomach to 9.5 cm. of umbilicus four hours after a meal. Rocklike constipation on admission. Gynaecological. Intact. No evidence of infection. Rectal examination, nil abnormal detected. Says menses irregular, cannot say when last period occurred. Urine 1032, acid, nil abnormal except heavy deposit of pus. Blood, Wassermann test, negative. Widal test, negative to all groups except 7 Oxford units to dysentery Y. Films, no punctate basophilia, to disprove copper as the cause of the green appearance at the bases of teeth. Faeces:—Bacteriological examination, nil abnormal detected.

Mental State.—Facial aspect sullen and morose, puckerings across forehead and vertical lines at root of nose. Confused. Does not know where she is nor where she came from. No evidence of hallucination. Non-co-operative. Ideation retarded. Attention difficult to secure and to hold. Rarely answers questions, such replies as are obtained show a long latent period of response. Only occasionally volunteers a few words in monosyllables. Recent memory poor, remote very patchy. Appears to realize that she is not well. Refused food, resistive to spoon feeding and very resistive to enemata and taking medicine. At times impulsively violent, smashing crockery and attempting to break windows, bit the Sister of the ward, kicked and struggled. Habits faulty.

Course and Treatment.—Extraction of the three carious and septic teeth. Colon irrigation course commenced, the first irrigation brought away a large amount of mucopus. January 30th and February 1st:—Two intramuscular injections of 0.3 cc. and 0.5 cc. T.A.B. caused a rise of temperature from 97 degs. to 98.8 degs. and very

profuse sweating. February 8th:—Little improvement. Still confused and impulsive, attempting to break window and bite nurses, tore their aprons. February 17:—Made a futile attempt at self injury on her throat. Still confused and faulty. February 19th:—Ear, nose and throat examination. Ears, nil abnormal. Nose, anterior rhinoscopy. Crusting both sides of orifice. A streak of pus in left nose. Post nasal space not seen. Nasal sinuses, on transillumination—both antra quite dull; frontals, left clear, right dim; tonsils, both septic, especially right. The colon irrigations were continued, the returns still contained mucopus varying in amount on different occasions. February 26th:—A relative improvement, especially noticeable in conduct and habits. March 31st:—Still sullen and morose. April 4th:—Dental review. Oral sepsis much improved. April 10th:—Still confused but apathetic, less impulsive. Facial colour and tone improved. April 30th:—Appears to take a little interest in her appearance and surroundings, assists in the ward, answers questions more readily but lacks vivacity, still depressed. Menstruation in abeyance from admission. May 6th:—General condition definitely improved on that on admission. Lips a good colour. Thyroid still full. Heart: Right limit, 2.5 cm. from midline; left limit, 8.0 cm. from midline. Sounds fair, no murmurs. Rate shows respiratory variation, increasing with inspiration. Pulse 72. B.P. 118-78. Urine: 1018, acid nil. May 7th:—Under general anaesthesia. Dissection of tonsils and removal of adenoids. Sinus examination and irrigation. Watson-Williams' technique. Sphenoids and ethmoids—nil. Antra—pus in both. Intranasal drainage of both antra. Temperature rose to 101.6 degs. on night of operation, with pulse of 100, fell to normal on following day and thereafter continued between 98.4 degs. and 97 degs. F. Convalescence from operation satisfactory, well behaved, co-operated in treatment. May 15th:—It was noted that she was "wonderfully better." Antral washouts continued soiled until May 19th. There had been a diminution in the amount of mucopus brought away by the colon irrigations and at an irrigation on May 20th, the first since the nose and throat operation, the returns contained only a little mucus. Reports on the bacteriological findings of the nose and nasal sinuses were as follows:—The sinuses, nasal cavity and tonsils gave cultures of *M. catarrhalis* and *B. Hofmann*; the tonsils contained bacilli very much resembling true diphtheria in morphological appearance. Influenza bacilli (*B. Pfeiffer*) were grown from the left ethmoid and right antrum as well as from the tonsil. The left sphenoid contained haemolytic streptococci. The exudate from both antra contained pus cells. The controls were uniformly sterile. May 22nd–June 2nd:—A course of non-specific protein therapy using t.a.b. vaccine intravenously. May 22nd:—250 million, caused rise of temperature to 104 degs. followed by a fall to 97.6 deg. in twelve hours. A secondary rise occurred on the following day to 100.4 degs., falling to normal next day. Maximum pulse 126. Rigor, diarrhoea and vomiting preceded the pyrexial acme. May 26th:—900 million, temperature to 103.8 degs. preceded by vomiting, fall to normal within twelve hours, no secondary rise; maximum pulse 106. May 27th:—1,800 million, severe rigor, pyrexial acme of 102.4 degs., profuse sweating during fall, duration of pyrexia within twelve hours; maximum pulse 116. May 28th:—1 cc., preceded by relaxed stools, rise to 102.2 degs., fall to normal within ten hours; maximum pulse 102. May 29th:—1.75 cc. rigor, acme of 103.4 degs. fall to normal within nine hours. Maximum pulse 120. June 1st:—3 cc., severe rigor, acme of 104.4 degs., fall to normal within twelve hours; maximum pulse 112. June 2nd:—5 cc. severe rigor, acme of 104 degs., fall to normal within nine hours; maximum pulse 120. During the pyrexias following the first three injections the pulse was of small volume but became much stronger during the remainder of the course. She accepted this treatment by non-specific therapy without complaint and during it showed an increasing cheerfulness. Herpes did not appear. The returns from a colon irrigation on June 4th were clear and this treatment was terminated. The antral washouts continued to be clear. On June 15th she was vaccinated against small pox. The vaccination took a normal course. Mental and physical states were now apparently normal and she was allowed parole in the care of her mother, whose reports on her conduct and conversation were satisfactory. Menstruation was still in abeyance.

At the end of June. Review.

Weight 8st. 2 lbs. Maximum measurement of neck is now 35 cm., but the goitre is less prominent than on admission. Cardiac limits. Right, 2.5 cm. from midline; left, 8.5 cm. from midline. Cardiac sounds much improved. Respiratory variation of rhythm less marked than formerly. Pulse 80, regular, good volume. Blood pressure 128/84 mm. Hg. Peripheral circulation shows very marked improvement, the facial pallor on admission replaced by a uniform good rosy colour and the freckling is much less obvious. The dilated facial venules, which were prominent by contrast

with the rest of the pale face on admission, have disappeared. Chest expansion is now 84/90 cm. Urine 1024 acid, nil abnormal. Vaccination completely healed.

Ear, Nose and Throat Review:—Completely co-operative. Very satisfactory result. Antral washouts clear. Nose now not infected. Tonsil beds clear. Facial mobility and tone are remarkably improved on her state on admission. The fixed facial aspect of sullenness and antagonism is replaced by one of interest, cheerfulness and confidence, there is not the slightest indication of fear. The facial movements show very strikingly the normal play of emotional reactions and attention. Although obviously full of life and activity she appears much more mature than on admission. Is composed and attentive. She replies to questions briskly and intelligently, giving correct answers to questions and volunteering relevant information. She confirms the facts given in the history and gives details of her sensations. Fully orientated, she is glad she came to the mental hospital because now she realizes she was then mentally and physically ill and she is "now in better health altogether." She remembers going to the first hospital but she has no memory of leaving it nor of her admission to the mental hospital. It was a month after her admission to the latter that she began to regain normal consciousness and a connected memory. Her memory is better now than before her illness began. Since fourteen years of age she has had a constant dull frontal ache, worse on the left side. It varied in intensity but "there was always something there." It was worse before and during menstruation. She had had glasses for her work but they did not relieve the headache, which was present whether she was at home or at work. She has had no other headache than frontal. This became much worse before she went to hospital and continued. The t.a.b. course made it worse during its action but when that course was over it had gone and it has not returned since. She had nasal catarrh at school and was seen by the school doctor. The catarrh became worse as time went on and it continued up to admission to hospital, and only ceased since the nose and throat operation. At times the catarrh was thick and there was "a feeling of thickness" (obstruction) at the back of the nose so that she could only breathe with difficulty through the nose. That feeling has gone and she now can breathe comfortably through the nose. With the catarrh there was an unpleasant smell which varied in intensity, "sometimes the smell was awful," the nearest she can compare it to is defective drains. The unpleasant smell has gone but "it has only gone since the operation." Examined with test odours she recognizes they are all different, names the majority and distinguishes the pleasant from the unpleasant. Since the age of fourteen she has had "a nasty taste in the mouth" which has now passed away and she volunteers that her taste capacity is much better now. She had never enjoyed her food before admission but she does now. The teeth had been getting bad for some time but ached continually during the fortnight before admission. She has no memory of auditory disturbances, either tinnitus or hallucination. Objectively at no time has she shown symptoms suggesting their presence. Following measles at seven she has worn glasses for myopia since eight years of age. The left eye has always been the weaker and when she had measles "the left eye ran a lot."

At the present time she considers her vision is better without the glasses than it was without glasses before admission. Before admission she was always very constipated, sometimes she had no action of the bowels for two or three days. Now she is regular every day. She appreciates the benefit from the colon irrigations; especially does she feel brighter on the day after an irrigation. For about four to five months before admission to the hospital she noticed that the goitre was becoming more painful. She had no difficulty in swallowing but when she bent over her work she noted a dull ache in that region. Later it became definitely painful and was tender when she put her fingers on the swelling. It is not tender now and the painful ache has gone. She volunteers that these discomforts ceased only after the nose and throat operation. She has never been unemployed since she left school and she continued at work until November when she had to throw up her situation because, being on piecework, she was unable to earn enough, owing to her increasing ill-health and lack of energy. She felt ill, the headaches and goitre pain became worse, she could not sleep at night but was sleepy and tired by day. She felt dull and depressed and could not concentrate on her work. She felt she did not want to work again and she had no desire to laugh and lacked interest in her work but was nevertheless restless and felt unsettled in herself. She went to her doctor principally for the goitre pain. Now she feels she is able to concentrate and able to do her work. Life is now worth living. She has no abdominal discomfort. Objectively, she is sociable, amenable to instructions, cheerful but composed and her attitude to relatives, nurses and other patients is wholly satisfactory. She plays games with interest and alacrity and works well at sewing and domestic work. July 10th, 1930:—Discharged to the care of her mother on trial. August 7th, 1930:—Visitor's, doctor's and mother's reports were very satisfactory.

Discharged recovered. October 31st, 1930 :—Visitor reported : " Very well indeed, a picture of health." Weight 9st. 10 lbs. Appetite and sleep good. No sensation of nasal catarrh. Menstruation appeared during August and has been regular and normal since. Mother very grateful.

COMMENT.

Types of Onset of Mental Disorder following Appendicitis.

Two chief groups in relation to onset would appear to be differentiated.

I.—*Immediate.*

In this group mental symptoms appear in immediate relation to the attack of appendicitis. These mental symptoms may be—

- (a) Acute, or
- (b) Subacute to mild, becoming more severe after a variable period of time.

II.—*Remote.*

In this group mental symptoms are not manifested in immediate relation to the attack of appendicitis ; but, following the appendicitis, a state of ill-health gradually becomes more progressive merging into an attack of mental disorder at a period remote from the attack of appendicitis.

The Relation of Oronasopharyngeal Sepsis to Appendicitis.

The causal relation of oronasopharyngeal sepsis to appendicitis has long been under discussion.

Many authorities believe that there is some epidemiological connection between throat affections and appendicitis. St. Clair Thompson (*Diseases of the Nose and Throat*) refers to the observation of Kelynack (" *Pathology of the Vermiform Appendix*," p. 98, London, 1893) in stating that : Appendicitis has followed acute pharyngitis, sometimes a week after a streptococcal tonsillitis with albuminuria had disappeared. J. Brennemann (*Journ. Amer. Med. Assn.*, 1927, Dec. 24. 2183) examines the evidence for some association between epidemics of affections of the upper respiratory tract and acute appendicitis. He quotes a large number of authors who have advanced lists of cases in which the appendix has become inflamed a fortnight or so after a sore throat or cold. Brennemann considers that the connection between the two conditions cannot, however, be regarded as proved.

Bacteriological investigations by R. Hilgermann and W. Pohl (*Arch. f. Klin. Chir.*, 1929, Jan. 248), in 300 cases of acute appendicitis lead them to the conclusion that the same germs are often to be found in the throat and in the pus in the appendix or about it, including pneumococci, streptococci, diphtheria bacilli, and the organisms of Vincent's angina. Thus, in 300 cases, pneumococci were found in the appendix 206 times, in the throat 222 times, and in both 183 times. Streptococci were found in both 110 times, the others less frequently.

These authors feel justified in concluding that appendicitis is due to various germs, especially pneumococci, derived from a throat infection.

The therapeutic outcome of these investigations is that these workers treat acute appendicitis by serum injections as well as operation.

P. Watson-Williams, in " *Chronic Nasal Sinusitis*," urges from the clinical aspect the importance of nasal sinus infection as a causal factor in appendicitis and gives a striking example of a family where a parent acted as a carrier, infecting his children with septic infection, which manifested itself in the form of sinusitis and appendicitis. The cases in this short series illustrate the clinical association of appendicitis and long-standing oronasopharyngeal sepsis.

Case 2 is of particular interest in showing the relation of dental sepsis to the appendicular disease. The rapid healing of the appendix wound by well vascularized granulations occurred so quickly after the removal of the carious teeth and septic roots that the view was forced on one that the dental sepsis had been acting as a reservoir for the continued infection and thus non-healing of the appendix wound, and therefore of the original appendicitis.

In case 3 a severe state of sepsis existed in the head, dental, tonsillar and sinus. in association with the appendicitis.

In case 5 there is a history of nasal catarrh since measles at seven and at fourteen an attack of appendicitis—which subsided—prior to the appearance of acute mental symptoms at twenty.

In case 4 there is a long history of oronasopharyngeal sepsis increasing in severity prior to a fulminating attack of appendicitis with peritonitis.

At the operation the abdominal condition was so serious that no attempt could be made to deal with the appendix, free drainage being all that could be effected.

The oronasopharyngeal sepsis, however, remained untreated and its discharges continued to infect the bowel, delaying resolution of the inflammatory process with the resultant formation of adhesions round the ileocaecal region where bowel mobility became increasingly hampered.

There ensued attacks of intermittent partial obstruction to the onflow of the ileal contents and as cicatrization of the adhesions increased the ileum hypertrophied in the endeavour to force its contents through.

The effect of this effort at compensation was, however, considerably reduced by the action of the toxic products absorbed from the lumen acting on the bowel musculature with the result that the ileal stasis was increased and consequently the absorption of the toxic products.

The toxic products absorbed from the bowel produced a general toxæmia—a general lowering of vitality of every tissue in the body. The effect of this toxæmia on tissues already endeavouring to combat foci of infection was to augment the disease process and in areas of open sepsis therefore to increase the septic discharges which passed down to the ileum.

A process was therefore in operation to which the term “vicious spiral” could be applied.

By the time the closed oronasopharyngeal sepsis had been treated by removal, or conversion into open sepsis, the conditions in the ileocaecal region were becoming fairly advanced so that, although the discharges from the septic mouth and tonsils had been removed, the exudates from the ethmoidal disease were able to maintain the cycle and incidentally likewise also to continue the pharyngeal infection. When mobility had been restored to the ileocaecal region, after dividing the adhesions, the intermittent partial obstruction ceased, the bowel tone improved, absorption of toxic material slowly diminished and the foci in the head tended to heal. As part of the healing reaction of the foci situated on the ophthalmic division of the right fifth nerve—ethmoidal disease—was the appearance of the herpes over the right nostril.

The Relation of Appendicitis to the Mental State.

From a consideration of these and other cases it does not appear likely that appendicitis alone will cause mental disorder.

Appendicitis may be regarded as a not unusual occurrence in the medical history of a subject of oronasopharyngeal sepsis. The latter condition may also give rise to mental disorder whether or not appendicitis appears in the medical history.

Treatment of a case of mental disorder in which appendicitis appears in the history should include a consideration of the abdominal conditions as well as of oronasopharyngeal sepsis.

D.—*Gynaecological and Oronasopharyngeal Sepsis in relation to the Puerperal and Post-Puerperal Psychoses.*—By Dr. T. C. GRAVES, F.R.C.S., and Dr. KATHLEEN A. H. SYKES, D.P.M.

Non-syphilitic cases of mental disorder following childbirth can be classified as follows :—

1. Those developing in immediate relation to labour. These can be divided into three groups in relation to the associated gynaecological state.

(a) Severe gynaecological sepsis with Pyrexia, including Puerperal Septicaemia.

(b) Severe gynaecological sepsis without pyrexia.

(c) Gynaecological sepsis present, of varying degree but not severe, without pyrexia, including cases where the causative factor of the psychosis is apparently only "the puerperal state."

2. Those appearing during lactation of normal duration or prolonged.

3. Cases in which a state of general ill-health arises insidiously during the puerperium later becoming intensified and merging into an attack of mental disorder at a period remote from childbirth.

The effect of gynaecological and allied medicinal treatment on many cases belonging to the first two groups is to promote recovery from the mental disorder.

There appear, however, to be many cases where such treatment alone fails to effect recovery from the psychosis, although a considerable, or even apparently complete, return to a gynaecological normal occurs.

In such cases treatment directed to oronasopharyngeal sepsis may be followed by mental recovery.

Similar remarks apply to cases in the third group. A few illustrative cases are submitted.

CASE 1.

Mrs. A.A., housewife, aged 33 years on admission to the mental hospital on September 18th, 1930. First certification.

History: Family.—Personal.—A full term child, normal birth. "From birth to five years old suffered acutely with left earache and discharge." Standard VII at school on leaving at 14. A severe attack of influenza at 23 and since has had colds in the head "on and off each winter." Generally has been mentally alert, but subject to fits of depression and furious temper. Married at 29, had a three months' miscarriage three years later, followed by a normal pregnancy and delivery on September 1st, 1930. On the eighth day of the puerperium she became feverish and expressed a wish to harm the child, the next day she "raved and got out of control," and was removed to an observation hospital and thence admitted to the mental hospital.

On Admission to Mental Hospital.—She was gravely ill with a subnormal temperature and feeble, sometimes imperceptible pulse. Uterus enlarged and soft, at first there was no discharge, later following treatment a thin vaginal discharge appeared. Intrauterine swabs showed the presence of staphylococcus aureus, staphylococcus albus with a gram negative bacillus of the aberrant B. coli group. Mentally, she was confused, hallucinated and wildly excited, impulsive and resistive to nursing and treatment.

Progress and Treatment.—Treatment was first directed to the general condition and gynaecological state. Injections of aseptic ergot and pitocin, together with 40 cc. of scarlet fever antitoxic serum (B. W. and Co.) were given intramuscularly and to support the failing circulation several injections of camphor. Hot baths and glycerine and monsol pessaries were employed for the local gynaecological state. Under this treatment she improved physically, and mentally the severity of the confusion diminished considerably. On October 11th, she complained of earache, and two days later a free discharge was noted from the left ear. This discharge contained staphylococcus aureus, B. Friedlander and streptococcus Ignavus. A month later she had an acute tonsillitis. On November 26th she was seen by the ear, nose and throat surgeon, who found crusting on the anterior end of the right middle turbinate, an abscess in the upper pole of the right tonsil and a dry perforation in the lower part of the left drum membrane. She had improved considerably but

was still in an unstable emotional state, querulous and irritable, at times refusing to take her medicine or co-operate in treatment. On January 3rd, 1931, she started to menstruate for the first time following her pregnancy. At a sinus examination on January 7th the membrane of the right sphenoidal sinus was noted to be thickened and mucopus was found in quantity in the left antrum. Her right sphenoid and both antra were drained intranasally and her tonsils were removed by dissection. Bacteriological cultures of the washings from the sinuses gave sterile findings as regards the sphenoids but the left antrum contained streptococcus Ignavus and the right antrum bacillus fluorescens, while the tonsils contained staphylococcus aureus and streptococcus infrequens. The patient made an uneventful recovery from this operation, and her state of querulous irritability diminished and then disappeared. She became quite normal mentally, regained full insight and realised how ill she had been, and volunteered that she did not remember anything of the first four weeks after admission to this hospital—the period of her wild confusion and impulsiveness, and hallucinatory disturbances. She was discharged recovered on February 12th, 1931, and is remaining well.

This case is interesting as suggesting a relationship between long-standing and apparently quiescent nasal and tonsillar infection and puerperal sepsis. There had been no history of any trouble with the ears for twenty eight years, yet at the first confinement the uterus became septic and six weeks later the ear discharges and there is an acute inflammatory reaction in the tonsils and the same organism, staphylococcus aureus, is recovered from all three sites. The importance of treating infection anywhere in the body during (or better still preceding) pregnancy is emphasized.

CASE 2.

F. 564, female, married, housewife, aged 27 on certification on October 11th, 1925. Second certification.

History: Family.—No insanity in family. Parents alive, moderate drinkers. Four brothers and two sisters, alive and well.

Personal.—School from 5–14 years of age, leaving in Standard VII. Became a stenographer and was seven years in one situation. Musical and sociable but not on very good terms with her own family. Happily married for 2½ years. Two children. The first aged 4 years, born before marriage. The second born just before the onset of the present attack. No miscarriages. Measles as a child. In later years troubled with shortness of breath and constipation and used glasses for near work. Has had attacks of influenza. Following the birth of her first child she was for nine months under certificate at another mental hospital.

Present Illness.—Followed the birth of the second child. Labour, in a well-known maternity hospital, lasted 27½ hours and was followed, during the succeeding seven days, by the gradual development of mental symptoms. Her attitude towards her husband changed, she lost weight, appetite was poor and insomnia was marked. She became alternately excited and depressed, used obscene language and hallucinations of vision appeared. She became impulsive, destructive, smashing crockery and tearing clothing. Admitted to an observation hospital she was on examination found to be excitable, restless, exalted and singing. Later she became resistive to nursing and threatening when approached, continually talking and singing. Amongst her statements the following were noted:—"She was perfect and a genius, she knew everything that had happened and was going to happen and could see what was going on in Heaven, she died last night, was put into a coffin and was now a new person, she would have another baby, a boy, that night." On October 11th, 1925, she was admitted to a mental hospital where she was restless, excitable and erratic, her conversation was rambling and irrelevant and she exhibited flights of ideas. No change was observed in her condition. She was considered to be a case of Dementia Praecox. She had no idea of time or place and was unable to give any account of herself. She was actively suicidal, violent at times, destructive, dirty in habits and required continuous observation in a separate room. On November 12th, 1926, by order of a judicial authority she was transferred to the Birmingham Mental Hospital.

On Admission.

Mental State.—She appeared to be in an advanced stage of mental deterioration. Completely confused and apparently unable to appreciate and certainly unable to reply to the simplest questions. She chattered and muttered incoherently. Judgment and insight completely in abeyance. Her face was frequently distorted by horrible grimaces and she appeared to experience auditory hallucinations. Her manner was exalted. She was very restless and excited, with difficulty approachable, resistive to

nursing and examination. Impulsive and violent when attempts were made to examine her, she clenched her jaws and struggled in her resistance against examination of her mouth.

Physical State.—Weight 7st. 10 lbs. Height 5 ft. 4 ins. Temperature varied between 96.6 degs. and 97 degs. Skin clear. Nutrition average.

Circulation:—Heart: apex beat $\frac{3}{4}$ in. to 1 in. to left of nipple line. Pulse 70–74. Periphreal circulation. Facial pallor. Lungs nil. Mouth, etc., impossible to examine.

Nervous System:—Pupils equal, react to light and accommodation. Plantar reflex, flexor. Deep reflexes, equally exaggerated.

Muscular System:—Fair.

Blood:—Wassermann test, negative; Widal test, negative to all groups.

Gynaecological:—Evidence of parturition. Cervix uteri. Soft with parturient laceration and ectropion. Endocervix red with mucopurulent discharge. Corpus uteri, well involuted, good position. Adnexa, normal. Bacteriology of mucopurulent discharge. Large gram positive diplococci. Staphylococcus aureus. Short chains of diplococcal streptococci. Faeces. Bacteriology. No abnormal organisms.

Course and Treatment.—The change of residence caused no improvement in her mental state. She continued restless, violent, impulsive, destructive, resistive to nursing and examination. Repeated attempts at mouth inspection were unsuccessful on account of refusal to open her mouth and violent general resistiveness. Completely lost, she was incapable of conversation and when addressed she gave, if at all, irrelevant replies of an incoherent character which tailed off into muttering and inane grimacing. Sedative drugs had no effect in reducing the excitement she displayed. During December, 1926, a course of non-specific therapy was given. Using t.a.b. vaccine, two intramuscular followed by six intravenous injections were given from December 4th to 22nd. Rigors and temperatures varying from 103 degs. to 104.2 degs. F. were noted to follow the intravenous injections. The maximum pulse was 124. Antiseptic gynaecological treatment and colon irrigations were given. Those therapies had no effect on the mental state, in fact during January, 1927, she was considered to be worse mentally and her habits became faulty.

At a Review in March, 1927, she chattered and muttered to herself, grimacing, giggling and showing facial twitching. She was erratic and irrelevant in her replies and showed clang association. Amongst her mutterings could be detected the following:—

“Fish is poisoning me—smell went and taste went—Joan went—a dog will trace you—a mark will follow me in the right eye—am sure I have done something wrong—not in these trousers—had a doll by a married man.”

With difficulty it was seen that several teeth were carious and there was some mucopus on the posterior pharyngeal wall. At this time her lips, hands and face were cyanosed. The eyelids drooped and she showed spasmodic movements of the face including blepharospasm. She passed through the period of the influenza epidemic of 1927 without showing any constitutional reaction. Exposure to ultra violet light was followed by an increase of excitement. Attempts at dental treatment still resulted in violent resistiveness, anger and very pronounced peripheral circulatory disturbance. Her weight had risen to 8 st. 6 lbs. by the end of July, 1927, but menstruation had been in abeyance since admission. At the end of September, 1927, she was still restless, noisy, excited, with auditory hallucinations, completely confused. At certain times, irregular in incidence and variable in duration, her conduct became much worse, she was then very impulsive, attacking other patients and the nurses, smashing crockery and tearing clothing. The heart was still enlarged and the peripheral circulation was very poorly controlled. No changes were shown in the other viscera. Her weight had now fallen to 8 st. 2 lbs. at which figure it remained until the end of December, 1927. During December, 1927, another attempt at dental treatment was successful. Four carious teeth were removed and in the following January and February seven others were extracted. At the end of January, 1928, her weight was 8 st. 9 lbs. Menstruation appeared for the first time since admission from February 24th to 28th associated with a severe exacerbation of conduct. She continued to gain weight and at the end of June she was 9 st. 10 lbs. Menstruation, however, was in abeyance after its solitary appearance in February but returned from July 30th to August 8th, then from August 30th to September 3rd and from October 2nd to October 7th, 1928. In each case there was associated a distinct exacerbation of conduct, she became more resistive to nursing, impulsive and destructive. In the non-menstrual phase she continued to be resistive, noisy, very confused, gave erratic replies to questions and, as formerly, appeared to be subject to auditory hallucinations. She was incapable of work. Menstruation recurred from October 26th to November 1st, and after this a quieter phase appeared and she was sufficiently composed to do sewing work. Associated, however, with the next menstruation from December 6th to 11th the

former symptoms recurred and she was again impulsive and destructive. During a relatively quiescent phase it had been possible to make an ear, nose and throat examination.

The findings were:—Ears, clear. Nose, anterior rhinoscopy, slight sepsis left side; posterior rhinoscopy, clear; nasal sinuses, on transillumination. Dull right antrum; tonsils, septic stumps.

On January 11th, 1929, under general anaesthesia:—Sinus examination and irrigation; sphenoids, posterior wall at $3\frac{1}{2}$ ins., both dense bone, R. normal; left, pus; ethmoids, both clear; antra, right, much mucopus, left, clear; intranasal drainage of left sphenoid and right antrum. Removal by dissection of tonsil stumps. The tonsil beds healed well but she was resistive to antral irrigations. Menstruation appeared in January, 1929, but was in abeyance during February. During the early part of March, 1929, she had a mild attack of influenza. Temperature rose to $101\cdot2$ degs. and pulse to 106. Her weight at the end of March was 8 st. 7 lbs. During March menstruation was in abeyance but returned from April 5th to 8th and associated with this she was quietly behaved. At the end of April her weight had risen to 9 st. 8 lbs. Since the nose operation sedative drugs had not been required. A definite mental improvement was now becoming manifest. Her capacity for conversation and her orientation were now returning. The auditory hallucinations were still present but, beyond her statement that “they” said “listen,” nothing could be elicited as to their nature. She took more interest in her surroundings, did a little ward work and impulsive conduct, even of reduced intensity, became less in evidence. Menstruation from May 13th to 18th was associated with a further stage of mental improvement, she was composed enough to be able to do crochet work and she conversed more rationally. Menstruation was, however, absent in June and at this time there was some evidence of a relapse. Her manner became distinctly exalted and she was insolent in her replies to questions. There was evidence in conduct of the continuance of auditory hallucinations and she admitted that “someone talked” to her. The thyroid region was full but not goitrous. A definite physical improvement was however evident, facial colour was better and her finger nails showed the changes in texture indicative of better growth. Menstruation reappeared from July 9th to 14th, and was associated with progress, and following its appearance from August 12th to 15th the most marked evolution of her mental capacity was shown. She was now able to go out on parole for week-ends and assisted in the work of the hospital displaying initiative and interest.

September, 1929. Review.—She exhibits general and facial composure. Well orientated, she replies briskly and relevantly to questions. Has insight into her state, realizes that she has been ill mentally as well as physically and considers that she has “come to herself” during the last two months. She does not remember admission to the observation hospital but states she has a recollection of the first mental hospital before she came here. Her memory on this point, however, is very cloudy. She states she remembers her admission here. The “voices” have completely disappeared. She used to suffer with neuralgia and headaches which were removed by the dental and nasal operations and have not recurred during the last six months.

During her illness she was troubled with “flashes” and spots moving in her field of vision and she is still troubled occasionally by the latter. She sleeps well, appetite is good, bowels act well and she makes no complaint of unpleasant smells or tastes. Her weight is now at its maximum of 10 st. The gynaecological condition is satisfactory. Menstruation occurred in September without disturbance of the mental state. Cyanosis has disappeared. Her facial colour is rosy and facial mobility and tone are good. The right nasolabial fold is not quite as prominent as the left and the right eyebrow is slightly raised in the outer half but the forehead is not wrinkled. The pupils are equal and react normally. General poise and carriage are much improved. Thyroid region is normal.

September 12th, 1929:—Discharged on trial to the care of relatives. October 10th, 1929:—Reports from her doctor, relatives and the Visitor were quite satisfactory. She was discharged from the hospital books as recovered. October 25th, 1930:—Visitor reported. Patient has been at work regularly for a year. Her general physical and mental states are excellent. Her mother considered she was “ever so bonnie.” She slept well, appetite very good, weight increased, not troubled with headache, head noises, photopsiae nor muscae volitantes. Facial colour good. Menstruation normal. Thyroid region normal. April, 1931:—Visitor reported. Patient continues at work, which is of a rather heavy character, without apparent fatigue. Her general health is very satisfactory, sleep and appetite are good, menstruation normal and regular, no throat trouble.

CASE 3.

Mrs. H.L.B., housewife, aged 43 on admission on December 28th, 1929. First certification.

History.—No psychotic heredity. A normal child, patient left school at 15 on having reached the highest form. Her menstrual periods were irregular at intervals varying from five to six weeks. She married at 26, had a miscarriage at 28 and a child was born at 30, after a normal pregnancy and confinement. She had no further pregnancies till 40, when she had a son. Shortly after delivery she became restless in manner and incoherent in speech and developed hallucinations and delusions. She became very depressed and attempted to commit suicide. She was certified on October 29th, 1926, and admitted to a mental hospital. She remained depressed and made frequent attempts at suicide. She was restless and agitated, resistive and impulsively violent. She was transferred to this hospital on December 28th, 1929.

Condition on Admission.—She was in poor general health, although her height was 5 ft. 8 ins., she weighed 6 st. 5 lbs. Her face was sallow and readily became cyanosed, her hair was coarse and straight, her pulse was feeble and the radial arteries thickened. Her uterus, three years after the confinement, was enlarged and partially retroverted, the cervix being soft with a parturient laceration, erosion, and mucopurulent discharge. Menstruation had been in abeyance since this pregnancy. Mentally, she was depressed, deluded, hallucinated and impulsively violent. Acutely suicidal, she frequently demanded poison or a carving knife, she banged her head against a wall or the floor and attempted to strangle herself with her clothes. She was faulty in habits. The Wassermann and Widal reactions were negative in the blood.

Treatment.—She was given 14 intramuscular injections of sterile ergot together with hot vaginal douches and monsol and glycerine pessaries. Her 18 remaining teeth showed chronic pyorrhoea and so they were removed. She had a prolonged course of continuous colon irrigations. She was examined by the ear, nose and throat surgeon who found an abscess in her right tonsil and pus in the left, and in May, 1930, so soon as she was sufficiently well to undergo a general anaesthetic, her tonsils were removed by dissection. A nasal sinus investigation by the Watson-Williams technique demonstrated the presence of flakes of pus in the left ethmoid. She had two courses of anti-typhoid-paratyphoid vaccine (B.W. & Co.) given intravenously, the first in June and the second in November, 1930. Progress was slow, as was to be expected in a case of such duration. Further, on her first admission the patient was in such a poor physical condition that active treatment was much curtailed by considerations of how much she could tolerate. Still, a month after admission though still depressed, deluded, hallucinated, impulsive and actively suicidal, she was a little less agitated, she had gained 4 lbs. in weight and she was sleeping for 6 hours each night without a sedative, whereas for a week after admission she slept at most two or three hours. By March quieter intervals, lasting for an hour or so, began to appear, during which she could talk and answer questions fairly sensibly, although her conversation tended to return to her delusions. The tonsillectomy and sinus examination in May did not produce any relapse in her mental state, and further she did not lose any weight. Her throat healed slowly, but her quieter periods increased and became longer. In June she had her first course of intravenous anti-typhoid-paratyphoid injections, to which she gave good temperature and other reactions. After this she started on a course of continuous colon irrigations. By July she was very much less agitated and noisy and her weight was 8 st. as against 6 st. 5 lbs. on admission. She continued to improve and became comparatively quiet for the greater part of the day, her noisy excitement being limited to a two hour period in the early morning. In August she was able to go out with her husband for a short time, the first occasion for four years. By October she was sleeping in the open dormitory, in ordinary clothing (previously she had required the padded room or a side room and strong clothing) and was regarded as being no longer suicidal. At the end of this month she again became depressed and agitated so that in November she was given a further course of anti-typhoid paratyphoid vaccine injections. She again gave good responses and after the second injection she commenced to menstruate, the first time (except for a slight show when she was having injections of ergot) since the beginning of the pregnancy five years previously. On the first day of this menstrual period she volunteered "Isn't it marvellous to be without a headache. I've had a headache every day for four years." The agitation disappeared and the depression became much less intense. She missed December, but has menstruated regularly in January, February and March, and she appears to be establishing a regular 4 weeks' cycle.

Present Condition.—She is still slightly depressed, and at times troubles herself about "all the other poor things who have not got better," but she has so changed from her condition on admission that anyone who has not seen her in the intermediate

period does not recognize her. Her weight is now 9 st. 13 lbs., a gain of 3 st. 8 lbs. Her face is plump and a good colour, her hair lustrous and curly. She goes out with her husband most week-ends and occupies herself normally with her children and affairs at home. When in hospital she is often to be found sitting with work box, needles and scissors, assisting with the ward sewing. It is hoped and expected that before very long she will be sufficiently well to be discharged recovered.

CASE 4.

Mrs. A.G., housewife, aged 33 on admission on October 15th, 1926. First certification.

History.—No psychotic heredity. Had been confined in August, 1926, with her first child. Whilst suckling depression developed, capacity to concentrate on her housework was lost, later she became confused. On examination she was found to be very depressed, moaning and weeping continuously, talked about her husband leaving her—of which there was no question—and her orientation for time was lost.

On Admission. Physical State.—Temperature 97.8. General nutrition fair, facial pallor. Cardiac limits normal but sounds soft. Pulse 80. Systolic blood pressure 110 mm. Hg. Tongue fissured. One carious tooth. Chronic granular pharyngitis. Urine. Sp. gr. 1020 acid, pus present. Some prominence of the eyeballs. Right pupil larger than left but both reacted to light and accommodation. Bilateral ptosis. Superficial reflexes increased. Plantar response, flexor. Knee jerks exaggerated but equal. No clonus. Gynaecological state—evidences of parturition and lactation. Cervix uteri, soft, patulous and lacerated, free mucopurulent discharge, containing large gram positive diplococci. Corpus uteri erect but subinvolved. Adnexa normal. Wassermann and Widal tests of blood all negative.

Mental State.—Fearful, depressed, agitated, emotional, lay moaning in bed with anxious facial aspect, frontal corrugations, uninterested in surroundings. Latent period of response prolonged. Memory poor, judgment and insight in abeyance. Heard and answered "voices," visual hallucinations apparently present. Convinced she had "done wrong" but unable to state in what way.

Course and Treatment.—Menstruation occurred from October 18th to 24th, associated with intensification of symptoms. Treatment was directed to her gynaecological condition locally and by calcium medication. Some improvement followed enabling co-operation in colonic lavage and the extraction of the carious tooth. Menstruation occurred from November 10th to 15th, associated with diminution of the mental symptoms. This improvement continued and she became able to converse reasonably about her case, displaying some insight therein. She said that on admission she thought she was the cause of the coal strike and was responsible for the condition of all the patients in the mental hospital. She volunteered that before the baby was born she suffered with headaches but these had now passed away and they did not appear at the last menstruation. By the end of November she was able to assist usefully in the ward and go out on leave from the hospital. On December 9th, 1926, she was allowed out on trial in the care of her husband. However, she returned to hospital on December 13th in very much the same state on admission. It was elicited that she did not feel capable of undertaking the responsibility of the baby and her home, had had no sleep whilst at home, and had threatened to put her head in the gas oven. She displayed general restlessness and in a futile way banged her head about on the bedstead. Insomnia was present. These symptoms were so pronounced that morphia gr. $\frac{1}{4}$, hyoscine gr. 1/100 and veronal gr. xv were variously given on December 15th, 16th, 23rd, 24th and 30th to alleviate the condition. From December 20th, 1926, to January 23rd, 1927, a course of eight injections of t.a.b. vaccine were given. After the completion of this course sedative drugs were no longer required. Menstruation from January 11th to 16th was associated with slight improvement in the mental state. On January 14th she was examined by the ear, nose and throat surgeon who found: Severe granular pharyngitis; left tonsil adherent, hypertrophied and infected, right tonsil not adherent but hypertrophied and infected; anterior rhinoscopy, nil abnormal seen. Nasal sinuses on transillumination, antra and frontals all dim; ears, both membranes retracted, slight middle ear deafness on right. On February 11th, 1927, under general anaesthesia the tonsils were removed by dissection, both found to be adherent to capsules. Sinus examination by Watson-Williams technique demonstrated mucopus in the left sphenoidal sinus and mucus in the right ethmoid, both were thoroughly irrigated with antiseptic solution. Convalescence from operation was normal and menstruation occurred during February and March without disturbance of the mental state. During this period a course of ultra-violet light was given. By the end of March a definite mental improvement was manifested, she assisted cheerfully and intelligently in ward work.

Reviewing her case early in April. She was cheerful, active in her movements and alert in her replies to questions, volunteering information as to the disturbances of sensation she had experienced. She was now sleeping well and her appetite was good. She had suffered with nasal catarrh ever since she was a child and it became worse before the baby was born, that has now ceased together with a sensation of obstruction at the back of the nose since the nose and throat operation. Before her confinement she was troubled with a persistent tinnitus aurium, a "ringing" noise in the left ear, which has also passed away. After the t.a.b. course her head felt clearer and still more so after the nose and throat operation since when also her eyes feel "better, less starey," as she puts it. This description can be connected with the fact that her eyeballs appear to be less prominent than they were even during the previous period of amelioration of symptoms. Following the exposures of ultra-violet light she has experienced a comfortable sense of drowsiness and general warmth (the normal reaction). This is allied to the general feeling of composure she experiences, causing her to feel altogether "different" to her former self, she no longer feels that sense of irritability within herself which prevented her concentrating on her work. When she went out on trial she thought everyone was talking about her and looking at her, that they knew she had been in a mental hospital and that the events described in the newspapers referred to her. When she went out shopping she was unable to concentrate and could not count her money and check her purchases. She felt cross with herself and tried to work hard in her home to satisfy herself that she was able to do something useful. She now realizes that she was not really well when she went out on trial but does really feel better now, so much so that she does not care if people do know she has been in a mental hospital. Her general condition is better than at any time since admission; the facial appearance is composed and shows a good colour in contrast to the pallor present on admission.

Ear, Nose and Throat Review. Granular pharyngitis persists, no pus seen, tonsil beds satisfactory. April 14th, 1927:—On trial. May, 1927:—Her doctor's, the Visitor's and husband's reports very satisfactory. Discharged recovered. February, 1928:—Visitor reports. Quite normal. No depression, very bright and well. Physically appears satisfactory, no nasal disturbance. Feels very fit in every way. Is expecting another child soon. January, 1929:—Visitor reports. She seemed very well and conversed cheerfully. The second child was born February 26th, 1928, since when she has not had a day's illness, has felt better than she has ever been in all her life. Another child expected in April, 1929. May, 1929:—Visitor reports. Mental and physical condition very satisfactory. Baby born two weeks ago. Both doing well. She had "a cold on her chest" during the influenzal epidemic. Her husband had influenza and pleurisy and she assisted in nursing him but did not get depressed. October, 1930:—Visitor reports. Very satisfactory. Rosy facial colour. Appetite and sleep good. Weight normal. No nasal catarrh nor tinnitus aurium. Generally before menstruation gets a little headache at the top of the head which passes off with the flow. April, 1931:—Visitor reports. General physical and mental health satisfactory. Sleep, appetite and weight good. Menstruation very regular and normal. No throat trouble. Children appear intelligent and healthy.

CASE 5.

Mrs. C.B., housewife, aged 25 on admission to mental hospital on November 2nd, 1923. First certification.

The patient's father was insane. The mother was feeble-minded, alcoholic and died of bronchitis. Patient is said to have been always of a quiet and retiring disposition. In childhood she had measles and scarlet fever and during the pandemic of the war period she had an attack of influenza. Her husband was healthy and the home conditions after marriage were comfortable.

After the birth of her first child mental symptoms were noted to be gradually developing and seven months after that event she was admitted to a mental hospital on November 2nd, 1923. She had ceased to take an interest in the child (which was quite healthy) was confused, depressed and continually muttering and talking in reply to the voices of unseen "men and spirits." She continued restless, confused, depressed and as she refused food, tube feeding had to be resorted to for several weeks; later she permitted herself to be hand fed but had to be washed and dressed.

On May 1st, 1924, she was admitted on transfer to the Birmingham Mental Hospital. She was found to be confused, depressed, miserable, subject to attacks of impulsiveness with emotional disturbance, resistive to nursing attention, she was frequently disrobing herself and requiring to be fed. At times her habits were faulty.

She was continually muttering to herself apparently in reply to auditory hallucinations, she said that men were telling her that they would kill her child. At other times she was irresponsible and noisy. Physically she was fairly well nourished. Gynaecologically, vaginal discharge was slight or absent, the uterus was slightly enlarged and retroverted and there was some ovarian prolapse. Thyroid was slightly enlarged. Anaemic. Pulse slightly irregular, 82. First sound at the mitral area was roughened, but there was no cardiac enlargement. Nervous system appeared normal except for a coarse tremor of the hands. Apart from constipation and a coated tongue the alimentary canal appeared normal. Respiratory system and urine were normal.

During 1924 her condition showed no material change in spite of general medicinal treatment. She was confused, quite incoherent in conversation, restless, wandering about aimlessly, unable to concentrate on any occupation. She frequently conversed with herself, supplying question and answer audibly.

During 1925 she became more composed, so that she was able to do a little work in the laundry, although incapable of initiative, but she was still muttering to herself and subject to periods of restlessness.

During the early part of 1926 it was noted that she was dull, inane, irresponsible in conduct. Smiling to herself and muttering constantly, frequently grimacing. Incoherent when attempts were made to get her to converse. When her baby was brought to see her she displayed no interest in it. She was now somewhat useful under supervision, but she was completely devoid of initiative. She was now eating and sleeping well. During June, 1926, it was noted that the tonsils were enlarged. Examination by the ear, nose and throat surgeon later, found: Ears, nasal spaces and sinuses, nil. Tonsils both hypertrophic and septic, definite pus in right. No change followed in the summer months from the conduct formerly displayed. A note on November 5th, 1926, indicates no real improvement in her mental state. She was continually talking and laughing to herself, unable to tell her own age, or state the day of the week or the month. Such conversation as she was capable of was rambling. Menstruation since admission had been irregular.

On November 26th, 1926, under general anaesthesia the hypertrophied and septic tonsils were removed by dissection. Following the operation she began to show signs of a definite mental recovery. The hallucinations disappeared, emotional tone improved, conduct became normal and she was able to work cheerfully and with initiative and interest. Conversational capacity improved. Menstruation became regular. On April 1st, 1927, she was discharged on trial to the care of relatives, and on May 6th was discharged from the hospital books, recovered.

January 25th, 1928. Visitor's report: she looked very well and cheerful, appetite and sleep good. Appears to have gained weight. No throat trouble.

March 31st, 1931. Visitor's report. General condition, very well and cheerful. Had had no illness since discharge from mental hospital except a slight cold or two. Menstruation normal and regular. Relatives confirmed that she had been very well mentally and physically since discharge from mental hospital.

CASE 6.

F.752, female, housewife and sick visitor, aged 36 on admission to mental hospital on May 12th, 1928. First certification.

History: Family.—Mother died of peritonitis aged 31 and father of pleurisy. A sister under certificate for mental disorder for three months, has continued well after discharge.

Personal.—Measles in childhood. Menstruation commenced at 15 and was regular. She took up nursing training at several general hospitals and at a mental hospital. During the war whilst nursing had a severe attack of septic tonsillitis. Later several attacks of influenza. Married in 1920. Normal pregnancies and labours, four children including twins, no miscarriages. Three weeks after the birth of the last child she recommenced her work as a sick visitor, a week later she developed a severe cold followed by bronchitis (April, 1927), and was seriously ill but continued to suckle the child after the acute phase had passed and until a fortnight before admission to the mental hospital.

Present Illness.—Before Christmas, 1927, she felt ill but forced herself to continue at work. She had what she terms a "brain storm," lost her memory and collapsed. The onset of the acute mental symptoms was considered to date from January, 1928, and she recognized that it was about this time that she began to feel unduly restless and "keyed up." About a month before admission she ate some home made cheese

from milk which had become sour. Following this she had an attack of intestinal disturbance lasting a week. Stools were frequent, copious and very offensive. After this she was constipated and felt very ill. She lost weight. Frontal headaches, giddiness and a feeling of stiffness in the throat and muscles of the neck appeared. A fortnight before admission she had another "cold" and a severe vertical headache developed in addition to the existing frontal. She felt feverish and "light headed," became excited and passed into an acute confusional state which lasted for a week before admission. She shouted and chattered, with great incoherence of idea, of "keys," "messages," "chains" and her doctor.

She imagined that every car that passed was the doctor's and that the noise of water running into a cistern was a message from the doctor and said "When we hear running water we know it is the doctor speaking to us." She was resistive to nursing and bruised herself in her struggles to escape from her room by means of the window.

On Admission: Physical State.—Height 5 ft. 1½ ins. Weight 8 st. 2½ lbs. Skin moist. General nutrition poor. Joints. Thyroid and Lymph glands not enlarged.

Circulation.—Heart. Limits. Apex beat 1 in. to left of mid clavicular line. Sounds. Presystolic murmur in mitral area not conducted to axilla. Rhythm regular. Pulse. Feeble, easily compressible. Blood pressure, 115 mm. Hg. systolic. Peripheral circulation, face and hands very cyanotic. Lungs, clear. Mouth, etc. Mouth dry, tongue furred, sordes on lips. Teeth carious and septic. Nervous system. Pupils equal, regular, react to light and accommodation. Bilateral ptosis. Reflexes. Superficial, increased. Plantar response flexor. Deep, increased. No clonus. Muscular system. Fair development. Poor tone. Abdomen, nil. Urine. 1020. acid, trace of albumen. Blood, Wassermann, negative. Widal. B. Gaertner 222 Oxford units, the rest negative. Gynaecological. Cervix uteri, soft eroded, bleeds easily, very septic, purulent discharge. Corpus uteri, good position. Adnexa nil.

Mental State.—Anxious worried facial aspect. Depressed and very agitated. The few replies which were obtained to questions were given after a long latent period and showed that she was completely disorientated. Occasionally she appeared to have fleeting traces of insight, for she said "all was in a muddle." Appeared to be the subject of auditory hallucinations. Very restless, constantly getting in and out of bed. She refused food and had to be spoon fed.

Course and Treatment.—Menstruation occurred from May 12th to 15th. The onset of the more acute symptoms leading up to admission therefore occurred during the premenstrual phase. Following colon irrigations, calcium therapy, antiseptic gynaecological treatment and the extraction of three diseased teeth her agitation subsided considerably accompanied by an improvement in the general physical state. By May 31st the agglutination to B. Gaertner had fallen to 155 units. Menstruation occurred from June 8th to 12th, with associated mental improvement, and by the middle of June the confusional state had cleared and she was able to describe the circumstances which led up to her breakdown. On June 18th the B. Gaertner agglutination had risen to 230 units. A blood count now showed:—Erythrocytes 4,190,000; leucocytes, 7,340. Haemoglobin content normal. Differential count. Polymorphs 59 per cent., lymphocytes 28 per cent., transitional and mononuclear 13 per cent., eosinophils and basophils 0 per cent.

Review at the end of June, 1928.—Weight 9 st. 2½ lbs., a gain of a stone on admission. Confusion and depression appeared to have cleared. Conduct satisfactory both in and out of the hospital. She said she had no headaches or other evidence of nerve disturbance. Sleep and appetite were good and bowels were regular. Menstruation occurred from July 5th to 8th, without relapse. The Widal agglutination to B. Gaertner was still variable. On June 28th 155 units, on July 5th 222 units. It was considered that the case was one of confusion following prolonged lactation and intestinal infection and that she had recovered. She was discharged to the care of her sister on July 12th, 1928. By July 15th, 1928, the symptoms she had displayed prior to admission returned and with the same intensity. She was extremely confused, hesitated in speaking, rambled incoherently, sang and danced, then wildly rushed out of the house, threw food about and refused to eat. She was admitted again to the mental hospital on July 16th, 1928.

On Readmission, July 16th, 1928: Physical State.—Her weight had fallen to 8 st. 5 lbs. The cardiac limits and sounds were the same as on the previous admission but the rate was rapid and slightly irregular. Systolic blood pressure was 120 mm. Hg. The peripheral circulation in face and hands was very cyanotic. Lungs were clear. Tongue coated with white fur but mouth otherwise appeared healthy. Pupils were equal but there was now recognizable a narrowing of the left palpebral fissure and a slight external strabismus of the left eye. Sphincters were not under control. There was tremor of the hands. Co-ordination was poor. Urine 1020, acid, nil

abnormal. Blood. Culture, sterile. Widal, B. Gaertner 160 units, the rest negative : two examinations. Faeces. No abnormal organism detected on cultivation. Gynaecological. Cervix still soft and eroded.

Mental State.—Restless. Excited. Exalted. Distinct clouding of consciousness, and appreciation of time impaired. Appears to appreciate questions but has difficulty in concentrating to find words for a suitable reply, replies when given follow a long latent period. Memory for recent events impaired, she is unable to give an account of what happened during the four days she was at home. Judgment and insight impaired. Again appeared to be the subject of auditory hallucinations but their nature could not be elicited. In conduct she was noisy, impulsive and violent, smashed a pane of glass and attacked two nurses. Resistive to nursing and feeding, refused to remain in bed, threw her arms about, constantly disarranging her bedding and wandering about her room.

Course and Treatment.—She continued confused, restless, noisy, excitable, impulsive and resistive. Sedatives and warm baths had no effect in reducing the intensity of these symptoms nor did two intravenous injections of T.A.B. Menstruation, previously regular, appeared from July 24th to 30th, but during August and September was in abeyance. During these months the symptoms continued and for ill-defined periods extreme exacerbations occurred. Another examination of faeces in August was negative. Intestinal antiseptics, sedatives and continuous warm baths still had no effect on the mental state. A Widal test showed a poor agglutination reaction to the t.a.b. organisms, a maximum of 32 Oxford units for B. typhosus, the rest were negative except that agglutinins for B. Gaertner rose to 206 units. Menstruation returned from October 1st–5th associated with premenstrual and menstrual exacerbation and its appearance again on November 2nd was associated with wild excitement before, during and after the flow. Another menstruation occurred from November 20th–26th accompanied by similar exacerbations and on the second day of the flow she had a typical epileptic seizure when she passed urine incontinently and was very confused and restless afterwards. A Widal test carried out immediately after the seizure showed the disappearance of typhoid agglutinin but for B. Gaertner the units were 285. B. Friedlander was now found in the faeces.

During December, 1928, menstruation occurred from the 24th to the 28th, accompanied by the usual exacerbation of mental symptoms. Associated also with these exacerbations her cyanosed condition was always much worse.

January 10th, 1929. Review.—Extremely excitable, restless, agitated. Alternating periods of depression and exaltation, at one moment stating in incoherent language that she was a chronic case and at the next demanding to be allowed to work. Feeding was difficult. The left ptosis was still marked and there was now a definite left internal squint. The conjunctiva on the left side was slightly but appreciably suffused. Systolic blood pressure, recumbent 115 and standing 110. Hitherto on account of her restless and excitable state an ear, nose and throat examination had been impossible.

On January 11th, 1929. Under general anaesthesia :—Sinus examination and irrigation with antiseptic solution. Sphenoids— $3\frac{2}{3}$ ins.—both clear. Ethmoids—nil. Antra—right, normal ; left, mucopus. Intranasal drainage of left antrum. Bacteriological examination of sinus washings. Although only in the left antrum had exudate been found, yet on cultivation organisms were found in the washings from most of the cavities. They were, staphylococcus albus, bacillus faecalis alkaligenes, bacillus Hoffmann, M. catarrhalis ; bacillus Gaertner was not found. Two examinations of faeces were again negative. Widal examination. B. Gaertner 285 units. The rest negative. Following the operation there was no immediate improvement. She remained very restless, agitated and interfering with other patients but she took food well. Her weight since admission had not showed any remarkable fluctuations, remaining at an average of 8 st. Menstruation was in abeyance during January. Towards the end of January she became much calmer, more amenable to nursing, less agitated although still somewhat restless. She took food well now. The squint and conjunctival suffusion were less marked. Occasionally a paraldehyde draught was given at night but after the middle of February sedatives were not required even for this purpose. Menstruation returned from February 21st–25th, when she was much more composed and took her food well. Her facial aspect was now more normally mobile and there was less cyanosis. The heart sounds were more distinct than on admission and quite regular. At the end of February her weight was 8 st. $12\frac{1}{2}$ lbs., the highest since readmission.

March 22nd, 1929. Ear, Nose and Throat Review.—Left antral opening clear. Throat. Granular pharyngitis subsiding. The record of menstruation from March 20th–25th is accompanied by the note : Much better mentally, taken food well. At

the end of March weight was 9 st. 8½ lbs. The antral washings were by this time quite clear. She was now quiet, well behaved, content to rest in bed and appreciated, as she had not formerly, the necessity of doing so in order to give her circulation a better chance to improve. Her facial colour was now good and the cyanosis had almost gone. She ate and slept well. She employed herself at sewing but it was noted that her activities in this way were rather childish and she showed a delight in decorating her bed clothing with large gaudy bows and odd bits of lace. During April menstruation occurred from 18th–24th, when she was again very excited for two days before, but was calmer after, the onset of the flow. During May two intramuscular injections of t.a.b. were given. These caused no mental or antral mucosal reaction nor was exudate noted in the oropharynx but liquid pus was seen in the tonsils. Four teeth in the upper jaw which had previously been under suspicion were now considered to be definitely septic, one had rapidly become carious. These were removed on May 28th, 1929. No reaction followed the dental treatment. Bacteriological examination of the tonsillar exudate showed the presence of staphylococci, streptococci and diplococci. There was now a better titre to the last t.a.b. injections than to those given previously, viz., the agglutination, Oxford units, to *B. typhosus* rose to 166, *B. paratyphosus* A. to 44 and Para. B to 33. *B. Gaertner* 286. Bacteriological examination of faeces negative. Menstruation from June 11th–18th and July 8th–14th occurred without any exacerbation reaction but at the beginning of August she exhibited for a few days, unrelated to menstruation, a distinct tendency to an exacerbation becoming exalted, euphoric and garrulous. Her physical condition was still improving and her weight since April had stabilized, oscillating between 10 st. 7 lbs. and 10 st. 10 lbs.

On August 12th, 1929. Under general anaesthesia:—Removal of tonsils by dissection. Both were very septic and adherent. Much haemorrhage. Bacteriological examination of the tonsils after removal showed the presence therein of streptococcus faecalis and staphylococcus albus. Recovery from the operation was uneventful mentally and physically. The tonsil beds rapidly healed.

It was now noted that she was less unstable than before the operation and her childish activities were now replaced by more adult behaviour. The circulatory improvement was still more marked and when she was allowed to get up it showed no relapse. With each stage of operative treatment she had shown improvement in this respect. Before the antral drainage cyanosis had been the characteristic feature of the peripheral circulation, after the drainage operation this diminished but her facial aspect was flushed but red, the improvement in this respect was enhanced after the dental extractions but after the removal of the tonsils the face assumed a uniform rosy pink colour. Menstruation occurred from August 25th–30th without exacerbation, uniform conduct was exhibited.

September 7th, 1929. Review.—Ear, nose and throat. Anterior rhinoscopy, clean. Posterior rhinoscopy, clean. Tonsil beds clean, considerable scarring. General condition, very satisfactory. Gynaecological. Cervix healed, satisfactory. Blood culture. Sterile, aerobic and anaerobic cultivations. Faeces, bacteriological examination, negative. Blood. Widal test, *B. typhosus* 23, *B. Gaertner* 143. The rest negative. The ptosis on the left side is barely noticeable. Conjunctivae are clear. No squint. Facial mobility and tone are good. Facial colour rosy. The facial aspect is now much fuller and quite composed. Her attitude now is a marked contrast to that obtaining not only during the worst periods of her illness but to that shown on previous discharge. There is a complete absence of the former rapidity of speech, interjection of utterance and emotional instability. The restlessness and the over-activity shown in all her movements, bodily, face and speech have gone. She sits in a calm, quiet, restful manner and her whole attitude is one of complete composure. She has been working satisfactorily with normal initiative, interest and effect without the insistent dictatorial interfering manner formerly displayed. There is no depression nor agitation and she exhibits a uniform emotional tone.

She has been out on parole with nurses, her children and husband with whom she has appeared on satisfactory terms. Sleep and appetite normal. Conversation is quite connected and coherent and she is able to give further details of her illness and confirm others. Orientation is normal. She has insight into her case. She volunteers that formerly she thought she knew what was the matter with herself but she now leaves that matter to others and does not worry about herself now.

She herself appreciates that she is more settled and composed. She feels she can think reasonably and act normally and is in quite a different state to that obtaining before the antral operation when as she remembers she, with much incoherency of expression, insisted that she was a hopeless case. She now feels quite well and desires to return to her home with her husband and children. She now has no headaches but she remembers during the more excited periods that she had severe headaches associated with a feeling of compression of the head.

September 12th, 1929.—Discharged recovered.

January 21st, 1930. She writes:—"I am keeping very well and feel very fit and happy. My weight is 10 st. 8 lbs., which is quite good. I have no headaches and do not tire as easily as I used. Periods are regular, the loss rather less than usual, but this has been so of latter years. I feel very tired the day before the onset and lack energy a few days after." The remaining content of the letter indicates a very satisfactory mental state.

March 31st, 1931:—Is keeping very well physically and mentally and happy, caring for her children and home although under somewhat difficult circumstances.

CASE 7.

Mrs. H., laundress, aged $44\frac{1}{2}$ years on admission to the mental hospital on April 25th, 1929. First certification.

History: Family.—No direct psychotic history. Father died of a stroke during the war and mother of cancer when patient was aged sixteen. Four brothers and four sisters alive and well.

Personal.—Her husband left her nine years ago with the care of the children, now aged 23, 22 and 18. Not alcoholic. Has suffered with nasal catarrh. Had influenza in February, 1929.

Present Illness.—Appeared to her family of gradual onset and became worse during the week preceding admission. Its cause was attributed to the climacteric and worry over the disobedience of her youngest son. She became depressed, lost weight and sleep. Worried over trifles, "voices" developed. On admission to an observation hospital she was found to be restless, confused and deluded. Refused to stay in bed and was continually running about the ward in her nightdress. She said that she was 22 years old and at night she goes blind, because she has been telling lies and is ignorant of the Bible; that she is going to be kept in bed for 40 years; that the patient in the next bed is Lady W—; that all the people in the hospital have caused "the mischief" and they are all her relations; that the doctor is disguised.

On Admission: Physical State.—Height 5 ft. $1\frac{1}{2}$ ins. Weight 8 st. $11\frac{1}{2}$ lbs. An old scar on left upper lip. Skin dry, general nutrition poor. Joints not enlarged. Thyroid region, full. A few enlarged glands in posterior triangle of neck both sides.

Circulation.—Heart. Limits, normal. Sounds, soft, indistinct, roughened 1st sound at apex. Rhythm and rate, regular, rapid. Pulse. 90, low tension. Blood pressure, 100-78 mm. Hg. recumbent. Peripheral. Hands and feet very cyanosed. Face slightly cyanosed. No oedema. Lungs. Fair expansion. No adventitious sounds. Mouth. Sordes on lips. Tongue dry and fissured. Brownish fur at back. Teeth. Severe dental caries and gingivitis. Palate. Injected. Tonsils not seen owing to resistance of patient.

Nervous System.—Pupils unequal. Right larger than left, react slowly to light and accommodation. Overaction of frontalis especially left. Ptosis, bilateral, especially left. Right blepharospasm. No nystagmus. Reflexes. Plantar response flexor. Deep, increased. Knee jerks equal. No clonus. Sphincters under control. Tremor of tongue and extended hands. Muscular system, poor power and tone. Abdomen. Nil abnormal detected. Gynaecological examination. Mucopurulent discharge from cervix which has old parturient laceration. Chronic subinvolution of uterus. Urine. 1020, acid, no abnormal constituents. Blood. Wassermann test negative. Widal test negative. Faeces. Bacteriological examination. Nil abnormal detected.

Mental State.—Anxious, worried, depressed, suspicious. At times excitable and noisy. Attention not easily secured. Appears to appreciate and replies to simple questions but shows marked mental confusion. States she has seen a man she calls S. in her room and sees visions of the Holy Mother. Mistakes the identity of those around her, says the nurses are men and the medical officer (woman) is her husband. (Ordinarily she wore glasses only for reading and sewing.) She insisted that people she knew were in the hospital and that she could hear their voices. A man was under the bed talking to her, she frequently heard S. talking to her and "heard his voice as he passed the door" on an occasion when no male person was near. She said she heard her daughter's voice and insisted she was in the building. She stated she heard the nursing staff accusing her of killing her mother-in-law and of having venereal disease. She said she heard people saying they were going to harm her son and daughter, and, on these occasions, although not actively violent she was impulsively aggressive and hostile to the nurses. She said she had to go on the Prison Cross.

Restless and noisy. She crawled about on her knees and prayed for forgiveness for telling lies.

Course and Treatment : Stage 1. Medicinal and Antiseptic.—Potassium bromide and paraldehyde prescribed. Antiseptic gynaecological and oral treatment commenced. May 2nd :—An intramuscular injection of t.a.b. given. May 6th :—Continued restless, noisy and very confused. Still mistook identities but took food better by hand feeding. May 6th and 10th :—Intramuscular injections of t.a.b. May 13th :—Still noisy, restless, confused and mistakes identities. May 14th :—An intravenous injection of t.a.b. 0.05 cc. A rise of temperature to 101.6 degs. F., loose stools and vomiting. May 20th :—Less noisy, takes food better, still confused and hallucinated. May 25th :—An intravenous injection of t.a.b. 0.1 cc. Pyrexia to 101.6 degs. F. with rigor, relaxed stools and vomiting. May 28th :—Two carious teeth extracted. May 29th :—No change in her condition. Restless, noisy, confused, hallucinated, mistakes identities. Takes food fairly well. Slight general physical improvement. Potassium bromide now not required. June 12th :—Some improvement. Quieter and less confused. Able to appreciate and take an interest in her surroundings but continues to express the idea that she has venereal disease and has given it to others ; other patients, she says, sneer at her. Catamenia in abeyance since admission. Weight had fallen since admission to 8 st. 6½ lbs.

Stage 2. Dental Operative.—June 25th :—Under general anaesthesia. 19 extractions. Mouth now edentulous. Mental and physical improvement now ensued and at the end of July her weight was 9 st. She was now able to be up and about and she took food well. The mistakes of identity ceased. During the latter part of July, however, there was for a short period a partial relapse when she was restless and agitated. The auditory hallucinations persisted, "the voices said things about her." Occasionally she exhibited impulsive conduct. The general improvement continued during September and October. Restlessness subsided and after the first week of October paraldehyde was not required. She was able to do useful simple work. Menstruation, in abeyance since admission, occurred from November 7th–10th not associated with symptoms of mental relapse. Hallucinations of hearing still persisted and although much better physically and mentally she appeared to be settling down into a level in which she was useful but not recovered. Weight at the end of November was 9 st. 7 lbs. Ear, nose and throat examination was now possible and showed :—Ears, drums retracted. Nose, both inferior turbinates enlarged. Throat, pus in both tonsils, retained abscess in right tonsil. Gums solidly healed and able to take the Boyle Davis gag. She was able to go out on short leave with relatives. The "voices," however, still persisted.

Stage 3. Nose and Throat Operative.—December 9th :—Under general anaesthesia. Bilateral antral investigation. Mucopus in both antra. Intranasal drainage of both antra. Dissection of tonsils. Left tonsil very adherent, scar of old quinsy. December 16th :—Considerable physical improvement. Throat is healing well. December 21st :—Much better mentally. Takes an interest in surroundings. Says she feels much better. She remembers that she called her (woman) doctor her "husband" and she thought that everyone sneered at her but considers now that these were silly ideas. December 31st–January 5th :—Menstruation associated with definite mental improvement. Weight 9 st. 8 lbs.

Review. January 8th, 1930.—Orientated for time, place and persons. Realizes she has been ill mentally and physically and is glad she has been in a mental hospital because she has had treatment, feels better and is grateful for it. Life is decidedly worth living. Especially does she feel, she volunteers, "a new woman" since the nose and throat operation. She insists that she has never felt so well as she has since that operation. In a calm and composed manner, with no evidence of fear, hesitancy or embarrassment she is able to give, in an entirely credible manner, details of the disturbances of sensation she has experienced. Since the birth of the last child, eighteen years ago, she has noted that vision has always been "weaker" on the left side.

Five months before admission she obtained advice and had glasses for headaches and epiphora from the left eye. In January, 1929, she began to feel she was not as well as formerly, although she slept fairly well. Suddenly, during this month, she developed a visual disturbance and headaches which lasted for three weeks. The visual disturbance was a sensation of a greenish blur, indefinite in outline, which seemed to come in front of her face. Its density was such that she could only see objects through it with difficulty. The headaches, associated with the blurring, were "terrible" and were felt all over the head. This attack subsided and she was left in a depressed state. Later she had an attack of influenza with headache and feverishness, was in bed for three days but did not have a doctor. After this the blurring and headache recurred and her memory of subsequent events is vague. Nevertheless she considers the blurring was, on this occasion, more severe and was responsible for her

statement of being blind at night. The headache did not seem, on this occasion, so intense as formerly, it was only a dull throbbing experienced all over the head.

The visual disturbance finally cleared without recurrence after the teeth were removed. She considers her vision with and without glasses is better now than it was under similar conditions before admission and vision has been better since the nose operation. The headache diminished after the dental treatment and she thinks finally cleared during November. She does not remember being much troubled with headaches before this illness. In addition to the headache and blurring of vision, however, in this attack she was troubled with disturbances of hearing. They were not present with the first attack. They appeared to her as "voices." They seemed all around her. They appeared as of many people, a crowd of both sexes making a noise such as one hears made by an audience before the orchestra commences in a theatre. The noise was that of a dull muttering roar in which she detected the voices of men as being louder and of low pitch as compared with those of the women. She thought at the time that they were real voices and heard them with both ears. Although there was a diminution in the intensity of the "voices" after the t.a.b. and dental treatment they persisted, as "voices" in her perception, with variations in intensity, until a week after the nose and throat operation when they vanished suddenly and have not returned since. Her statement made now confirms what was reported to the nursing staff at the time by the relatives to whom she then stated that the "voices" had gone. She recognizes now that the "voices" were not real. Her memory of the acute part of her illness is vague. She has no memory of going to the observation hospital, she has a dim memory of coming to the mental hospital and although she was frequently visited by relatives she only realized where she was, she says, two months ago when she went out with relatives on short leave. Until then she did not know that she was in a mental hospital. Menstruation did not commence until she was sixteen years of age when it appeared once and was in abeyance again for six months. On medical advice she took Bland's pills and menstruation returned and was regular, 5-28 days without pain of any importance, when aged 43 it appeared for 1-2 days every 28 days until it ceased about nine months before admission and she considered she had reached the change of life.

She had, however, a leucorrhoea and it was because of this she developed the idea that she had venereal disease. She is not worrying on that subject now nor does she think she has had venereal disease. She has felt better following the last two appearances of menstruation and had no headache then. She is not aware that she has had measles, scarlet fever or diphtheria, but since the age of 12 she has been subject to nasal catarrh; this is a family trouble. By nasal catarrh she means a feeling of nasal obstruction and of something dropping down the back of the throat from the nose. This condition was always worse in the winter at which season she suffered when at school with colds and sore throats. When aged 28 she had a severe sore throat, with a quinsy, it lasted 3-4 weeks in the winter and she was able then only to swallow fluids and sops. She has been very subject to sore throats since then. The only attack of influenza she remembers was that which occurred before admission. She does not remember experiencing and is not now troubled with unpleasant tastes or smells. Examined with the test odours she names three out of five correctly, recognises they are all different and separates the pleasant from the unpleasant.

Objectively she gives evidence of a normal joy of life, showing interest, initiative and capacity in work. The general bodily carriage is much improved associated with a rosy colour and increased mobility and tone of the face. The forehead wrinkling is not apparent. Ptosis is much less but there is some elevation of the outer half of the left eyebrow, more marked during the menstrual period. The right blepharospasm is much less marked than on admission but, and especially during menstruation, it is appreciable that some narrowing of the right palpebral fissure persists. The pupils react well to light and accommodation but the right is now only very slightly larger than the left. This inequality becomes more apparent on shading. Tonsil beds are healed but lateral pharyngeal bands are slightly enlarged. No pus or exudate seen in oropharynx. Antral washouts are clear. Blood pressure. Sitting 110/70 mm. Hg. Standing 120/72 mm. Hg. Recumbent 100/70 mm. Hg.

January 9th, 1930 :—Allowed out on trial in care of relatives.

February 13th, 1930 :—Her doctor, the Visitor and relatives reported satisfactorily. Discharged recovered.

November 4th, 1930 :—Visitor reports: Weight 11 st. 6 lbs. Appetite good. Menstruation $\frac{5 \text{ days}}{6/8 \text{ weeks}}$ otherwise normal. No sensory disturbances. General physical and mental states satisfactory.

April, 1931 :—Visitor reports. General physical and mental health satisfactory. Sleep and appetite good. Weight nearly 12 st. Menstruation, regular as above and normal. No nose and throat trouble.

Comment.

The seven cases cited are illustrative of the categories that were defined at the beginning of this article.

The shortest period between delivery and the recognition of mental disturbance was 7 days, and the longest period was 18 years; though, in this latter case, various indefinite symptoms had been present throughout the intervening period, and further, on admission, the uterus was found to be still infected and not to have returned to its normal size. All these cases had some degree of uterine sepsis.

It will be noticed that two of these patients had a family history of insanity, so that they might perhaps be expected to break down easily on any strain, and their prospects of recovery would be jeopardised; yet, following treatment, these two cases did as well as the others, and they have remained well.

All these cases were married, so that the anxiety and disgrace of producing an illegitimate child—which is sometimes quoted as a cause of puerperal insanity—does not come into play. It will be noted, however, that case No. 2 had previously given birth to an illegitimate child and had been treated under certificate for 9 months thereafter. She, like several of the other cases, had had a prolonged period of treatment in various hospitals prior to being transferred to the Birmingham Mental Hospitals. In some of these cases there had been an initial improvement, but this had not continued and, on transfer, the prognosis was definitely bad: yet such chronic cases have given strikingly good results after the causative nasopharyngeal infection has been successfully treated.

Moreover there would appear to be a ratio between the length of time elapsing between admission and tonsillectomy and between tonsillectomy and discharge; for, whereas four cases who had been in hospital an average period of 36 months prior to tonsillectomy were not discharged till an average of six months after that operation, three cases who had only been certified five months prior to tonsillectomy were discharged an average of six weeks later. This would suggest that a long continuous infection produces profoundly deleterious effects on the whole organism, which requires much time to recover even after the original focus has been eradicated.

Another point raised is the ratio between endogenous and exogenous sources of puerperal infection—a point around which there has recently been much discussion and some heated argument. In each of these seven cases there is an obvious endogenous source of infection, a reservoir of organisms which probably from time to time gain access to the blood stream, and which by their activities profoundly modify the functioning of the whole body rendering it more susceptible to infection. In case No. 1, from the history and the bacteriological findings it is most probable that the infection was thus conveyed; and, while such a complete chain of evidence can rarely be obtained, the possible origin of puerperal sepsis in an infected nasopharynx should always be borne in mind. It has frequently been noted that a chronic cervicitis persistently discharging mucopus in spite of local treatment will cease discharging after removal of oronasopharyngeal sepsis. In such cases the septic state in the head supplies the portal of entrance, whilst the cervicitis is the local reaction in the attempt to provide a portal of exit for the organisms. If such conditions obtain in the non-pregnant uterus, there does not appear to be any reason why a similar process should not operate during pregnancy and labour.

It seems that the complex system of ductless glands is especially liable to be damaged by a chronic infection. In this series of cases, it will be

noted that where the uterus remained subinvolved for long periods after parturition (indicating a pituitary defect) the thyroid was enlarged. In case No. 7, the enlarged thyroid and subinvolved uterus co-existed 18 years after the birth of the child. Furthermore, in the four cases of over two years duration there is an invariable history of amenorrhœa or irregular menstruation during the period between parturition and tonsillectomy, and in each case this function returned and became regular after the operation and prior to discharge. Case No. 3 is particularly illuminating. Her periods had always been irregular, and at 40, following the birth of her second child she became insane, and for four years had amenorrhœa. It might have been thought that she had entered upon the menopause; yet, five months after having her septic tonsils removed she menstruated, and her periods are now re-established and regular for the first time in her life—at the age of 44. This would appear to be proof that the functional activity of the ovary, together with that of the pituitary and thyroid, is depressed by a long continued septic state. As further evidence of ovarian recovery, it will be noticed that case No. 4 has had two further pregnancies, with no mental disturbance, since her discharge.

These cases enable one to regard the problem of puerperal sepsis and puerperal insanity from a fresh angle, as being the response of a damaged organism to a physical shock lowering general vitality and resistance and to a consequent increase of toxæmia arising from an endogenous with possible superadded exogenous infection.

E.—*A Case of Gonorrhœa and Oronasopharyngeal Sepsis with Psychosis.*
By Dr. J. M. MACKENZIE, D.P.M.

R.H.T., male, married, painter, aged 28 on admission to mental hospital on May 25th, 1930. First certification:—

History: Family.—Nothing of importance ascertained.

Personal.—This was incomplete. Patient's mentality had always been somewhat subnormal. The common infectious diseases were denied by his wife.

Present Illness.—A sudden onset about three days before admission when his wife noticed he was strange in manner and imagined that detectives were after him. He attempted to drink poison. The police later found him in a depressed and confused state.

On Admission to Mental Hospital: Physical State.—Acute gonorrhœa, verified bacteriologically. Lungs normal. Radial arteries sclerosed. The first sound at the cardiac apex was accentuated. B.P. 170/100 mm. Hg. Dental and tonsillar sepsis, tonsils were enlarged. Nervous system appeared normal. Urine was normal. Wassermann and Widal tests of the blood, negative.

Mental State.—He was acutely depressed, apprehensive and emotional. There was a considerable amount of confusion. He stated that detectives were after him and that he heard his wife's voice calling to him to come home.

Progress and Treatment.—Treatment was first directed locally towards the gonorrhœal infection, but without marked success, during June, July and the first part of August. In this period the Dental sepsis was also treated. At the end of August the urethral discharge was still present and he was still depressed showing much psychomotor retardation.

On August 19th, under general anaesthesia, the enlarged and infected tonsils were removed and the nasal sinuses investigated by the Watson-Williams technique. It was impossible to enter the sphenoids on account of the density of bone. Flakes of mucopus were found in the left ethmoid; the antra were free from exudate. These sinuses were thoroughly irrigated with antiseptic solution; drainage was not considered necessary. The urethral discharge began to diminish and by August 29th, 1930, had become very slight. The mental confusion gradually lessened revealing the basal mental deficiency. There was still some depression. From September 12th until September 22nd, 1930, he had a course of t.a.b. vaccine (B. W. & Co.). Six injections, the first three intramuscularly, the last three intravenously evoked good pyrexial

reactions. The urethral discharge further diminished and then ceased. In November, 1930, he was examined at the Venereal Disease Department of the Birmingham General Hospital and pronounced free from gonorrhoeal infection. By the following December he had steadily improved mentally and physically, worked out-of-doors and went on parole. He had gained 3 stones on his admission weight. On December 11th, 1930, he was discharged from mental hospital on a month's trial. On January 8th, 1931, reports from his doctor, relatives and the Visitor were satisfactory and he was discharged from the hospital books as recovered from his psychosis.

F.—*An Obscure Case of Meningo-Encephalitis.* By Dr. KATHLEEN A. H. SYKES, D.P.M.

M.A. schoolgirl, single, aged 17 on admission January 24th, 1930.
1st Certification.

History.—A maternal aunt was stated to have developed epilepsy, at the age of 5 years, after vaccination, to have had a rash all over her body, "never to have developed," and to have died at the age of 23. There is no other family history of psychosis, and patient's mother, father and younger brother are all normal and healthy.

The patient, a bright and intelligent girl, had been working in the top form of her school for matriculation examination, but it had been noticed that since a mild attack of influenza in March, 1929, she had been languid and easily tired. In the October she did not want to go out among people as she said they were looking at her and talking about her. In November she was noticed to be in the habit of sitting and laughing to herself, but she could not say what she was laughing at. Early in December she talked excitedly all one night, and had incontinence of urine (most unusual for her). The next morning she had a "convulsion," and was admitted to the General Hospital, Birmingham, on December 6th, 1929, from which the following notes have been kindly supplied:—

"She complained of severe headache and was in a state which resembled that of severe cerebral irritation. She rapidly became completely demented, and for some days she was given large doses of morphia and hyoscine in order to keep her reasonably quiet. When not under the influence of morphia she would stand up in bed and shriek out aloud, and was only with difficulty restrained from doing herself or her attendants harm. Examination of the nervous system showed no apparent abnormalities apart from the mental condition. She became quieter and developed habits such as refusing to swallow her food, scratching her face, and making curious noises with her lips. Such habits as these she would persist in for hours at a time. Towards the end of her stay she appeared to reach a more constant state, and was usually to be found sitting up in bed with an expression of fatuity upon her face taking a fleeting interest in the events happening around her and appearing to recognize certain people. When she was questioned, she would look on her questioner as though she understood what was being said; but would only reply after a long period, perhaps five minutes or more, had elapsed. The condition appeared to be stationary and was believed to be that of acute encephalitis but its origin and nature could not be determined. The c.s.f. was normal and contained 6.5 cells per c.m.m. Shortly after admission she developed a convergent squint of the left eye which disappeared in 24 hours, and some myoclonic movements were noticed in the left hand. She was completely incontinent."

A bad prognosis was given, and on January 24th, 1930, she was transferred to this hospital.

Condition on Admission to Mental Hospital.—She was confused and apprehensive, rarely answered questions and when she did it was after a prolonged latent period and with some degree of perseveration. She lay in bed on her side with her knees flexed and with the bedclothes over her head. She was fairly nourished but anaemic. She had a left internal squint and at times twitching movements of her whole body and involuntary facial contortions. She was a little unsteady on her feet and tended to fall to the left. There was no hiccough. She was restless during her first night in this hospital but after that slept fairly well by night. She had marked sialorrhoea. She had two septic upper teeth. Her tonsils had been completely removed some years previously.

Progress:—Six days after admission, while blood was being taken by vein puncture for the Wassermann and Widal tests, she had an epileptiform attack. There were rapidly alternating movements of the legs principally extension of the ankle, flexion and extension of knees and adduction and abduction of thighs. Her left hand was

raised, the hand behind her head with thumb in line with palm, hyperextension of metacarpophalangeal joints and flexion of interphalangeal joints. Knee jerks were not obtained, no ankle clonus. Consciousness was not lost and there was no increase of squint. This state lasted about three minutes and ended in a burst of noisy sobbing. A week later a lumbar puncture was performed. She was resistive to this and sobbed childishly but there was no convulsive attack. The Wassermann reaction in the blood was negative and the Widal reaction was negative except for an agglutination of 17 units to B. Dysentery Y.

Her c.s.f. gave no growth with aerobic and anaerobic culture, the Wassermann reaction and colloidal gold curve were negative, the cell count 10 per c.m.m. and the glucose content 0.061 per cent. Up to the end of February there was no change in her condition. She remained in bed and took her food well, she recognized her father and mother and at times appeared to recognize those who attended to her. She rarely answered questions and then in a few words only, and she was still very faulty. She appeared to have auditory hallucinations.

On February 28th, 1930, under ether anaesthesia, one root of an upper right and three roots of an upper left molar were removed. The extraction on the left side was difficult and the antrum was opened; pus escaped: then the opening was plugged with iodoform gauze for twenty-four hours. For four or five days after this there was a discharge of pus from the left side and thin serum from the right side of the nose. In the first week in March a remarkable improvement was noted. The patient was no longer faulty and would even get up herself and go to the commode, whereas previously she had been raised every two hours and even so she was incontinent.

On March 19th, 1930, a sinus examination was done by the Watson-Williams Suction technique. Staphylococci were found in the washings from the right sphenoid and both antra, and the antra were drained intranasally. Her faeces were examined at this time and an organism of the B. dysenteriae group which gave a slight agglutinating reaction versus B. dysenteriae Y was found. She had no diarrhoea and there was nothing abnormal in her stools, but she was isolated for a time until repeated bacteriological reports on her faeces were negatived.

In April her improvement was marked. She had lost her "mannerisms" and contortions and had only occasional twitching movements of the right hand. She was more alert, began to take an interest in her surroundings and her answers to questions came more briskly and began to expand from monosyllables to short sentences.

By May she was getting up each day and even helping a little in the ward, and she began to play the piano. She had completely lost her twitchings and sialorrhoea, and her gait was steady and certain. Her speech was still a little abrupt and jerky and she was inclined to mimic the mannerisms of anyone she came in contact with. She was given a course of intravenous injections of typhoid-paratyphoid vaccine (B. W. & Co.) to which she gave good reactions. Her improvement continued through June and by July she was convalescent, though she passed through an excitable childish garrulous state which her parents recognized as an exaggeration of her normal personality. This excitability gradually subsided and, after she had been out on leave on various occasions, she was discharged to the care of her parents in September, 1930.

Further reports have been received up to February, 1931, and all are most satisfactory. It would appear that this girl has completely recovered from her illness and that her mental development is proceeding normally.

Comment.

There are many points of interest about this case. In the first place the diagnosis. The early picture of excitement with twitchings, squint and sialorrhoea, together with the findings in the c.s.f., suggest encephalitis lethargica; but a nine months onset with increasing lethargy and character change is surely unusual. Yet the course of the disease would appear to rule out any other form of meningitis or a cerebral neoplasm or abscess. A diagnosis of "adolescent insanity" is still less satisfactory, besides being extremely vague. The illness was as much physical as mental, and the girl was first admitted to a general hospital, and there treated for six weeks.

With regard to treatment, there is no doubt in the minds of those who have dealt with this case, that the first sign of improvement after three

months of acute illness followed the removal of the septic teeth and the release of pus from the antrum. This improvement was maintained, and eventually resulted in the discharge of a case admitted here eight months before with a hopeless prognosis as regards mentality.

G.—*An Unusual Primary Indication of Carcinoma Recti.* By Dr. W. H. SHILVOCK, B.Sc., Assistant Medical Officer, Rubery Hill Mental Hospital.

The following case of columnar celled carcinoma of the rectum, on account of the unusual first indication of the presence of the disease as a swelling of the buttock, is uncommon. Cancer of the rectum spreads both by direct continuity and by vascular conduction, but the spread by the lymphatics is very rapid. The lymphatic channels of the rectum are intra and extra mural. The latter run downwards to the anus, laterally along the levatores ani and upwards to the para-colic glands and to those at the bifurcation of the left common iliac vessels.

The patient, an ex-soldier, under certificate since the war, was forty-one years of age. Mentally he was a case of dementia praecox on a basis of congenital mental deficiency. Nine years ago he had an attack of bronchopneumonia, from which he made a good recovery. In June, 1930, a swelling the size of a hen's egg appeared over the left sacroiliac synchondrosis. There was no pain complained of, or interference with movement, nor was there any evidence of urinary or intestinal affection. This mass, having a regular surface did not appear to be fixed to the skin, but seemed to be adherent to the underlying structures and to be arising from either the gluteus maximus muscle or the sacrum. It was fairly hard in consistency, and the diagnosis from this examination was thought to rest between a cold abscess or sarcoma. The Wassermann reaction both in the blood and cerebro-spinal fluid was negative. On rectal examination, however, a hard craggy mass was felt on the left side posteriorly about $1\frac{1}{2}$ ins. from the anus and the diagnosis of carcinoma recti with secondary iliac deposit made. A few days later pain was first complained of as a tingling on the outer side of the left foot, concurrent with a definite increase in the size of the iliac swelling. No pain was evident on pressing together the iliac bones, but wasting of the crural muscles was noticed. No limping and very little loss of tone of these muscles was associated and there was no intestinal haemorrhage, diarrhoea, cough, pyrexia, tachycardia or sputum. Radiographic examination of the pelvis and thorax showed an irregular dense (?) bony growth in the left sacroiliac area, the rest of the pelvis and chest being normal.

On September 11th, that is roughly six weeks after the discovery of the external indication of the disease, blood was first passed by the rectum, as "thin cocoa" stools which were accompanied by a good deal of flatus. No colicky abdominal pain was complained nor apparently experienced. There was no evidence of intestinal obstruction or peritoneal involvement. The iliac mass during this time had been steadily increasing in size to that of an ostrich egg, and together with this there was a gradual loss of body weight. Corresponding to the increase in size of the swelling externally, there was a quite definite enlargement of the ulcerating cauliflower growth in the rectum and it was only at this stage that pain over the iliac region and on defaecation was experienced, large amounts of blood were now being passed and morphia became necessary.

On October 21st an evening pyrexia of 102° F. occurred and the iliac mass was found to be fluctuating in places. No haematuria occurred, but marked cachexia was present, death occurring on November 16th. The post-mortem findings were as follows:—On superficial examination a large fluctuant swelling was seen to be occupying the left gluteal region, the size of a child's football, standing at its maximum 6 ins. above the other gluteal region.

Brain:—Slight adhesion of the left temporal lobe over the Gasserian ganglion. Occipital convolutions flattened and small. Some pia-arachnoidal oedema. No secondary deposits in brain.

Thorax:—Both lungs adherent at apices and to the diaphragm. Congested and oedematous.

Abdomen:—Bladder free from growth. The glands behind and to the left of the rectum were enlarged and indurated, but there was no continuity by neoplastic tissue

between the rectal and iliac growths. The hepatic lymphatic glands were not enlarged. A small secondary deposit, the size of a walnut, was present in the upper part of the liver. No other secondary deposits in the abdomen. The kidney capsules were slightly adherent, especially the left, and the cortex was paler than normal in both. The iliac mass, on macroscopic section, was soft, friable, haemorrhagic and showed advanced necrosis, the bone of the sacrum and ilium being extensively eroded and softened. The primary rectal growth was hard, ulcerated and partially annular and about $1\frac{1}{2}$ ins. from the anus. Microscopical examination confirmed the diagnosis of columnar celled carcinoma of the rectum, ilium and liver.

H.—*Intramuscular Colloidal Sulphur Therapy*. By Dr. W. H. SHILVOCK, B.Sc., Assistant Medical Officer, Rubery Hill Mental Hospital.

Sulphur in colloidal form has been employed during 1930 as a therapeutic agent in syphilitic and non-syphilitic cases of mental disorder.

The preparations used have been those of The Crookes' Laboratories, the first product employed being sulphur in olive oil, "Colsul." When it was satisfactorily shown that this agent evoked pyrexias, the question then arose as to which moiety of the product was responsible for this effect. To test this, Messrs. Crookes' supplied us with a aqueous 0.1 per cent. suspension of colloidal sulphur and also ampoules of sterile olive oil. These agents administered in a similar way failed to evoke pyrexia. Therefore it appeared that it was the whole product which was responsible for the appearance of pyrexia. Similar doses of collosol calcium also failed to produce temperatures. As the intramuscular method caused some local discomfort, the question arose as to whether this could be reduced by the use of preparations in which the olive oil was replaced by other oils, e.g., peach kernel, cod liver and rape oils, as the suspensory vehicles for the sulphur. Observations were carried out using these preparations. It was thought that possibly there was some reduction of local discomfort by the use of these agents, but on the other hand the pyrexias were not so pronounced. Latterly, the Crookes' laboratories have been able to prepare a one per cent. aqueous colloidal suspension of sulphur and this, having been found satisfactory, is now chiefly used for sulphur therapy.

This aqueous preparation appears to be capable of inducing pyrexias as high as those following the use of sulphur in oil, and the local discomfort does not appear to be any more severe. The other general effects of this agent have also been similar. The aqueous has certain advantages over the oily preparation: It is more easy to manipulate into and out of the syringe and the possibilities of oil emboli are eliminated. The scale of doses for the aqueous has been the same as that used for the sulphur in oil.

The fact that this stronger aqueous preparation is capable of evoking pyrexias shows that in these preparations it is the sulphur in colloidal form which is the responsible agent. These oily and aqueous preparations have been used in the treatment of forty-six cases, twenty-five being cases of general paralysis and twenty-one non-syphilitic psychoses. The technique adopted for both the oily and aqueous preparations is practically the same as that used by Dr. Schroeder.

A series of injections, generally ten in number, usually at 48-hourly intervals, if the temperature by then has returned to normal, comprise a course of this treatment.

The initial dose given was $\frac{1}{2}$ c.cm. and increased each time by $\frac{1}{2}$ c.cm., thus rising to a maximum of 5 c.cm. The bottle containing the oily preparation is placed for a short time in a bowl of hot water, the "Colsul" thus becoming less viscid and more easily injected. The outer side of the thigh has been the usual site for injection. A second series of injections has been given within three weeks, the same doses being repeated, to seven cases of general paralysis.

As a rule the temperature rises gradually, reaching its maximum in about 12 hours, and returns to normal in periods varying from 12–72 hours. In one case it continued over a period of five days from the initial injection, but usually is normal within 24 hours.

Temperature charts seem to show that with the later doses of the series there is an increase of pyrexia, but this is not constant even with patients suffering from the same type of mental disorder, probably because of the individual peculiarities of response of the thermogenic centres. The duration of the pyrexial period depends also on the individual. The highest temperature recorded in this series was 105.4 deg. in a case of recurrent confusional psychosis, this being at the ninth injection of 4.5 c.cm., but in most of the cases a temperature of 104 deg. occurred.

As in other forms of pyrotherapy, many of the charts show secondary rises of temperature following what appears to be the fall from the acme induced by the agent itself. The extent of the pyrexial swing from the subnormal or normal level at the time of injection was also found to vary with corresponding injections in different patients. No bowel disturbance has been noted and vomiting, even when it occurs, is of mild character. Profuse sweating has been present in most of the cases. There is very little disturbance of the circulation with such elevations of temperature and this is a very valuable property of this preparation. In no case has there been a pulse rate above 120; for example, after an injection of 1 c.cm. of "Colsul" a maximum temperature of 104.2 deg., a pulse rate of 94, and a respiration rate of 24 was recorded. In several cases definite rigors have occurred, usually from $\frac{1}{2}$ to 4 hours before the maximum temperature. These rigors are of a minor character compared with those induced by malaria or t.a.b. vaccine given intravenously.

Obvious focal reactions in relation to chronic septic foci have not been apparent; rarely does herpes, so frequently seen following the use of t.a.b., appear with sulphur therapy.

In all the cases treated, oral sepsis has been attended to, and in the majority latent sinus disease has been sought for and treated.

Observation has been kept for evidence of focal reaction in the diseased sinus mucosa following the use of sulphur, as may sometimes be noted after t.a.b. therapy.

In two cases such focal reaction undoubtedly occurred after the sulphur therapy in the mucosae of the antra of Highmore; these had, after surgical drainage, given clear returns at the daily irrigations for some weeks, but, after the injections of sulphur, the mucosæ again discharged mucopus for a fortnight.

Of the twenty-five cases of general paralysis treated by sulphur, together with recognised anti-syphilitic agent, such as novarsenobillon and tryparsamide, sixteen appear to be mentally and physically improved, in six no appreciable change has been noted, and three have degenerated. Two of these cases of general paralysis had not responded to malarial infection with pyrexia, but gave good pyrexial responses to Colsul.

The effect of the sulphur therapy on the Wassermann reaction in the cases of general paralysis has been variable. In some it would appear that a positive reaction in the blood and c.s.f. has been converted to negative; in other cases the number of positive units has been considerably reduced and the cellular content of the fluid lowered. These findings, as far as investigation has proceeded, have not been permanent in the bulk of the cases. The following is a description of a case of adolescent psychosis in which the aqueous preparation of sulphur was employed and appeared to assist in recovery:—

L. G. R. male, single, gardener, aged 21 on admission on October 2nd, 1930. First certification.

A maternal aunt had had a psychosis. Patient had shown mental symptoms since adolescence and they became more acute for about a month prior to admission to mental hospital. He was then completely confused, exalted, restless, resistive to nursing attention and noisy by day and night, his disconnected chattering very constantly included the use of geometrical and other mathematical terms. He was

fairly well nourished. There was oronasopharyngeal sepsis and his peripheral circulation was poor, facial pallor and cold cyanosed hands. Following treatment of the dental sepsis he was given a course of t.a.b. vaccine intravenously. A month later septic tonsils were removed by dissection and a nasal sinus examination, using the Watson-Williams technique, was made. Mucopus was found in both antra and both ethmoids, the antra were drained intranasally.

A second course of t.a.b. vaccine, intramuscular and intravenous, was now given largely on patient's own request as he was sure the first course had helped him. He now showed a distinct mental improvement but occasionally had lapses in which he displayed former symptoms, such as restlessness, grimacing, attitudinising and chattering in a futile manner. These lapses continued for a few days and were followed by periods in which he was quiet and restful but complained of being "muddled in the head." An intramuscular course of *aqueous* 1 per cent. sulphur was given. The doses and temperatures produced were:—

$\frac{1}{2}$ cc. 100° F. 1 cc. primary rise 104·8 degs. F., secondary rise 102 degs. F. 1·5 cc. primary 104·2 degs. F., secondary 102·6 degs. F. 2 cc. primary 103·8 degs. F., secondary 102·2 degs. F. 2·5 cc. primary, 103·2 degs. F., secondary 100·8 degs. F.

There was much local discomfort at the site of inoculation and associated with the mucopurulent reactions from the antral mucosa the confusion and other mental symptoms disappeared towards the end of the course and did not reappear. He became cheerful, interested, willing and helpful, displaying initiative in work both in the ward and in the garden. The facial colour improved and the cyanosis of the hands was considerably reduced. On April 14th, 1931, he was discharged recovered.

J.—*Publications*. "A Case of Pituitary Cachexia." By Dr. JANE W. STOCKS. *Lancet*. August 16th, 1930. p. 349.

"The Pyrogenetic Action of Sulphur in Olive Oil." By Dr. W. H. SHILVOCK. *Lancet*. August 16th, 1930. p. 347.

"The Para-Catarrhal Syndrome." By Dr. T. C. GRAVES. *Jl. Ment. Sci.*, January, 1930.

"A Method of Continuous Colon Irrigation and a Description of a Table for the Purpose." By Dr. T. C. GRAVES and Dr. D. E. TURNER. *Jl. Ment. Sci.*, April, 1930.

In "Chronic Nasal Sinusitis and its Relation to General Medicine," Dr. PATRICK WATSON-WILLIAMS reproduces several observations and illustrations which have been made in this hospital.

II.—FROM THE CARDIFF CITY MENTAL HOSPITAL.

General Report.—By Dr. P. K. McCOWAN, M.R.C.P., D.P.M., Medical Superintendent.

A.—*Biochemical Laboratory*. Director: Dr. J. H. QUASTEL.

1. *Carbohydrate Metabolism in the Psychotic*.

As stated in the last report, work carried out in an *intensive* manner (as contrasted with the *extensive* so commonly adopted in other investigations) has shown clearly the close relationship between the sustainment of hyperglycæmia and the emotional tension of the subject under investigation. Work has been facilitated by the use of a quantitative expression for the sustainment of hyperglycæmia. This expression has been termed the Hyperglycæmic Index, and is such that it is zero with a normal subject and greater than zero with all patients demonstrating affect. The index gives a quantitative measure of the emotional tension of the subject, but due consideration must be taken, in interpreting any result, of the physical condition of the patient, and, if the patient is a female, of her menstrual condition at the time the index is determined. The index, which has now been in use in this hospital for over a year, is proving to

be of considerable value in the manic-depressive group in prognosis, in following results of treatment, and in determining the time at which a patient may be considered normal and fit for discharge. It has become a matter of routine to enter the hyperglycæmic index of a patient in the manic-depressive group into his clinical record, and to make frequent determination of this index. Full details of this work will be published shortly in a conjoint paper by the Director of the Laboratory and myself.

2. *Psycho-galvanometer.*

To confirm the conclusion, expressed above, resulting from a study of the carbohydrate metabolism of a patient in relation to his emotional tension, a study has been made of the affect of a patient by means of the psycho-galvanometer, and this has been related to the hyperglycæmic index. Dr. M. Lockwood is pursuing this investigation, and the work—which is not yet completed—shows so far that there is the closest relation between the emotional tension (as given by the psycho-galvanometer) and the hyperglycæmic index.

3. *Cell Structure and Cell Activity.*

It has been shown in a paper published by Dr. M. Penrose and the Director that there is a very close relationship between the oxidative activity of a cell and its structure. Once the structure is damaged or modified, the ability of the cell to oxidise the normal metabolites of the body (sugars, amino acids) is decreased or disappears. On the other hand, the hydrolytic processes of the cell (e.g., transformation of urea into ammonia, etc.) are uninfluenced. Oxidations by the cell are greatly dependent upon an *intact* morphological structure.

This conclusion bears very much on the chemical activity of the brain, for any modification in structure of the brain cells (induced, say, by toxins, etc.) will be reflected first in a decrease or cessation of the oxidation of normal metabolites.

The following publication deals with this subject: Penrose & Quastrel. "Cell Structure and Cell Activity." *Proc. Roy. Soc.*, 1930, 107b, 168.

4. *Oxidations in the Brain.*

Comparative observations are being made of the rates of oxidation of metabolites by grey and white matter of the brain of man and animals. This work is being carried out as a preliminary to the study of the oxidations of brain of "normal" and "psychotic" patients. In a paper published by Mr. Wheatley and the Director it has been shown that brain tissue will oxidize *succinate* (an important metabolite of the body) at a high speed, and that this oxidation is inhibited, reversibly, by over 90 per cent. in the presence of *malonate*. This property brain shares with muscle, and the phenomenon is general.

It is now being shown (unpublished) that certain barbituric compounds (which are derivatives of *malonate*) have inhibiting actions on oxidations of the brain, and work is in progress to link up this phenomenon with the well known physiological action of the barbiturates.

The publication alluded to in the preceding paragraph is: Quastel and Wheatley. "Biological Oxidations in the Succinic Acid Series." *Biochem. J.*, 1931, 25.

5. *Action of Dyestuffs and Drugs on the Catalytic Activities of the Tissues.*

Work is in progress which shows that dyestuffs and drugs exert very specific and highly toxic actions on the catalytic activities of the tissues.

In a paper published by Mr. Wheatley and the Director, it has been shown that certain dyestuffs are toxic to oxidations and others inert. All the dyestuffs which are toxic are of basic character, whilst the acid dyestuffs are all inert. Besides the basicity, the molecular structure of a dyestuff plays a very important part in determining its toxicity. It has been shown that the toxicity depends also upon certain constituents—e.g., phosphates, present in the tissues—and certain dyestuffs which are highly toxic in the absence of phosphate become almost inert in its presence. Moreover, the action is reversible, the addition of phosphate to a tissue which has lost its power of oxidation through poisoning by a dyestuff resulting in a renewed ability to take up oxygen. The action of dyestuffs and drugs on the hydrolytic activities of tissues is being investigated, and it has been found that in certain cases dyestuffs are toxic at a concentration of 1/200,000. The manner in which enzymes are “protected” in the body from such toxic substances is being investigated, and it is hoped to publish shortly.

The publication referred to in this paragraph is: Quastel & Wheatley. “Dyestuffs and Oxidations.” *Biochem. J.*, 1931, 25.

6. *Nitrogen Metabolism in the Psychotic.*

An investigation into whether the nitrogen metabolism is changed in a psychotic patient is being carried out by Dr. M. Lockwood and Mr. Davies, M.Sc. It is too early yet to make definite statements as to the results of the investigation.

7. *Research into the Relation of Infections in the Mouth and Upper Respiratory Tract to Mental Disease.*—Dr. L. S. PENROSE.

In 6 selected cases of acute and chronic insanity in which clinical indications of nasal sinus or tonsillar infections were present (5 of which were operated on by Dr. Prichard), the bacterial flora of the nasal passages were fully examined. Vaccines were prepared of some pathogenic organisms which were discovered, and the corresponding patients received treatment from them. In 2 cases the physical condition was much improved. No permanent mental improvement was observed in any case. Special attention was given to anaërobic diphtheroid bacilli which were present in 2 cases. Their pathogenicity to rabbits was investigated, with negative results. This work is now being continued by Drs. Scholberg and Prichard.

8. “The Lysozyme Content of Saliva in Psychotics.” *The Lancet*, September 27th, 1930, p. 689.—Dr. L. S. PENROSE.

The concentration of a powerful natural antiseptic, lysozyme, in the saliva of patients was investigated.

Epitome.—In a series of mental and control cases, the concentration of lysozyme in the saliva was measured. The highest dilution of saliva which gave rise to a standard amount of lysis of *micrococcus lysodeikticus* was determined. No significant difference was found between the normals, mental defectives, and cases of dementia præcox; but in organic psychoses, such as g.p.i. and Parkinsonism, the concentration was much diminished.

9. *The Blood Coagulation Time in Psychosis.*

An examination of the blood coagulation time in different types of patient (as far as possible under similar circumstances) was undertaken. It was found that, on the whole, in cases of melancholia the coagulation time tended to be shortened, while in many cases of schizophrenia it was

lengthened. Agitation in the patient was found to be correlated with a shortened coagulation time.

Pathological Laboratory.—The following routine examinations were made:—

Urine.—Ordinary routine examinations, 1,007; microscopical, 42; urea concentrations, urease method (modified by Jones and Cantarow), 8; urea estimations of 24 hrs. specimens (Van Slyke), 9; sugar estimations (Millard Smith modification of Benedict's method), 149; bacteriological examinations (*B. Pyocyaneus* isolated from one of these), 9; a few ketone examinations.

Blood.—Red and white blood cell counts, 59; differential leucocyte counts, 12; estimation of urea, 6; glucose tolerance, 154; examinations for parasites, 46; a few Diazo examinations; a few bacteriological examinations; a few t.a.b. agglutinations.

Cerebro-spinal Fluid.—Boltz acetic anhydride reaction, 49; Ross Jones, 49; Colloidal benzoin, 46; cell counts, 46; Wassermanns, c.s.f., 55, serum 211—by Dr. H. A. SCHOLBERG.

Sputums, 32; bacteriological examination of fæces, 14*; a few histological examinations of post-mortem specimens, specimens obtained from operations, and test meals.

B.—Gynæcological and Menstrual Conditions in the Psychoses.

Drs. Strachan and Skottowe have investigated a series of 250 consecutive female admissions, with a view to showing:—

- (i) (a) The incidence of gynæcological lesions; (b) The incidence of menstrual disorders in the psychoses.
- (ii) The effect of menstruation on the mental states.
- (iii) The results of appropriate gynæcological treatment.
- (iv) The effect of various drugs and glandular extracts upon the mental and menstrual condition.

The various gynæcological and menstrual disorders are carefully classified as are the types of psychoses in which they occur. In this way, statistical data are procured, which, so far as the authors are aware, have not been systematically recorded before. Stated in a general way, the conclusions arrived at are:—

- (i) That there is relationship between the psychoses and pelvic disorders in a surprisingly small number of cases.
- (ii) That gynæcological treatment only affects the mental state in an even smaller number of cases.
- (iii) That, contrary to the opinion widely held, there is seldom any effect produced on the mental state by menstruation.
- (iv) That the drugs and glandular extracts which were tried had no effect on either the mental or menstrual condition.
- (v) That a routine pelvic examination in the absence of symptoms pointing to pelvic lesion is not only unnecessary, but frequently has an adverse effect on the mental state—if only temporarily.

Work referred to in the report for 1929 has now been published, as follows:—

(i) "A Note on the Search for Filter-passing Organisms in Cases of Schizophrenia."—Dr. SKOTTOWE, *Journal of Mental Science*, Vol. LXXVI, No. 313, April, 1930.

(ii) "The Diagnosis of the Psychoses of Young Adults."—Dr. SKOTTOWE, *Journal of Mental Science*, Vol. LXXVI, No. 315, October 1930.

* *B. typhosus* isolated from one of these.

C.—*Somatic Disturbances and their Relation to Mental Disorder.*

The results of investigations carried out on recently admitted patients during the previous 18 months formed the subject of a paper submitted for publication by Dr. Muriel L. M. Northcote, D.P.M.

The investigations comprised the usual complete clinical examination of the patient, together with pathological, biochemical, pharmacological and radiological methods, the object of this comprehensive survey being to attempt to establish evidence of somatic disturbances whose presence might have some bearing on the mental condition of the patient.

The paper was divided into four sections. Section I gave a historical approach to the subject of research on the relation between somatic disease and mental disorder, pointing out the rationale of the various investigations undertaken, and giving the results of previous workers in this field. It then described the examinations employed, with the methods and general procedure. The examinations were grouped as follows:—

(1) *Tests for renal function.* These comprised a general examination of a fresh specimen of urine, quantitative estimation of urea in a 24 hours' specimen, urea concentration test, Mosenthal test meal and estimation of blood urea.

(2) *Investigation of metabolic functions* by means of the determination of basal metabolism and of the glucose tolerance.

(3) *Investigation of acid-base equilibrium*, comprizing the determination of the hydrogen ion concentration of urine and of blood, the carbon dioxide combining power of blood and the carbon dioxide tension of alveolar air.

(4) *Examination of digestive functions* by means of a fractional test meal and a barium meal.

(5) *Hæmatological examination*, including the determination of the Schilling index.

(6) *Investigation of the autonomic nervous system*, comprizing clinical observations, pharmacological tests and examination of reflexes.

In section II the clinical aspect of each case was described. The patients were classified according to their mental condition into schizophrenia, manic-depressive psychosis and arterio-sclerotic dementia, with their appropriate sub-divisions. Each case was described fully as regards the psychiatric examination, the general physical condition, and the results of each of the special investigations employed.

The remainder of the paper summarized the results of each investigation, and discussed their interpretation in connection with each other in each case, and with the type of psychosis.

A study of the results in the various groups showed that, although there were in general a number of small deviations from the normal, it was impossible to formulate a definite picture of the somatic changes in any one type of psychosis.

With regard to the renal functions, although no gross abnormality was present, the number of cases showing slight abnormalities was somewhat high; e.g., 40 per cent. of the patients had acetone, sugar, albumin or pus in the urine on admission. This was most conspicuous in the arterio-sclerotics, melancholics and catatonics, and was absent in the dementia paranoides, this group being more nearly normal in its results than any other. The volume of urine passed was conspicuous in its variations, nearly one half of the 24 hourly specimens examined falling outside the limits quoted as average; viz., 1200—1500 cc.; and the urea excretion was slightly below the average.

The Mosenthal test did not appear to be of much value on account of its too delicate discrimination.

As regards the blood urea, very little abnormality was found.

The determination of the basal metabolic rate gave results which cannot be considered satisfactory from the point of view of research on account of fallacies due to difficulties with the patient.

The investigation of the blood sugar and sugar tolerance agreed in its results with the findings of other workers in showing generally a sustained hyperglycæmia with variable blood sugar levels.

The experiments dealing with the acid-base equilibrium did not lend support to the view that a definite acidosis is common in psychotic subjects. The examination of the digestive functions yielded many interesting results. The barium meal showed a preponderance of mild intestinal stasis, but it did not in any single case show evidence of any condition needing surgical interference. The value of the fractional test meal was seen in connection with the tone and motility of the stomach; e.g., in conditions of stasis, the chemical findings indicated the cause and degree of the stasis. In the case of organic obstruction, the fractional meal served as a diagnostic test, whereas in functional derangement it indicated the type of abnormality, rapid motility due to hypertonus being accompanied by a high acidity curve, whereas that due to a too patent pylorus was associated with a curve of low acidity.

The examination of the blood showed various abnormalities which, although trivial when taken singly, formed a conspicuous feature when regarded as a whole. Fifty-three per cent. of the patients showed some degree of secondary anæmia, this being most marked in the manic-depressive group, where 5 out of 7 depressed cases and 2 out of 3 manics had a low hæmaglobin percentage and/or a low colour index.

As regards the white cells, the incidence of absolute leucocytosis was low. The cases showed 43 per cent. of absolute or relative polymorph leucocytosis, of which 6 were in the manic-depressive group, and corresponded generally with vague signs of ill-health. Leucopenia was present in 6 of the cases, of which 5 showed foci of mild chronic infection in the form of dental sepsis, nasal sinusitis, etc.

The examination of the Schilling index proved disappointing in its results, as was perhaps to be expected in the absence of any gross sign of infection.

As regards the autonomic nervous system, the conclusions arrived at were that the chemical and pharmacological tests definitely contraverted the hypothesis that some or any of the psychoses could be associated with the concepts of vagotonia or sympathicotonia.

D.—Clinical Psychological Investigation into Cases of Long Standing Insanity of the Schizophrenic Type.

Analysis of their symptoms and motives, with special reference to the apparent development of dementia in long standing cases. The result of the work is embodied in the following two publications (the first is only technically a publication):—

(a) *The Outcome of Schizophrenia in Cases of long Duration.*—Thesis by Dr. L. S. PENROSE, approved for M.D. Cambridge, June, 1930.

Epitome.—Five cases of schizophrenia of long duration were described. The nature and the causes of the condition were discussed in relation to various theories, and the causes of the disease were concluded to be a concatenation of unfavourable organic and psychological factors. The outcome of the disease, as regards degree of mental deterioration, was

found to depend (inversely) upon the degree of systematization of the delusions which replace reality.

(b) A Case of Schizophrenia of Long Duration.—Dr. L. S. PENROSE, *British Journal of Medical Psychology*, Vol. XI, 1931, Part I. (This paper is part of the above Thesis.)

Epitome.—An account is given of a detailed study of the physical and mental life-history of an octogenarian in whom psychosis has been present for over 50 years. Though apparently utterly confused, it is found that his delusions, when sorted out carefully, form a coherent system of great ingenuity. The reasons why he cannot accept the universe as it is are discussed.

III.—FROM THE WEST RIDING MENTAL HOSPITAL, WAKEFIELD.

A.—*General Report.*—By Professor J. SHAW BOLTON, D.Sc., F.R.C.P., Medical Director.

1. *Routine Work of the Laboratory.*—During the year 4227 routine specimens have been examined.

The usual Widal examinations for typhoid and dysentery of all new admissions and of all probationer members of the staff have been continued. The figures given below show little departure from previous results.

<i>Admissions.</i>	<i>Positive Flexner.</i>	<i>Positive Typhosus.</i>	<i>Negative.</i>	<i>Total.</i>
Male	2	—	197	199
Female	10	—	159	169
Total	12	—	356	368
<i>Probationary Staff.</i>				
Male	—	1(t.a.b.)	7	8
Female	5	—	77	82
Total	5	1(t.a.b.)	84	90

Bacillus Flexner.—During the years 1920-30 inclusive, a positive Widal reaction has been obtained in from 2 to 10 per cent. (average of 6.1 per cent.) of all new admissions and from 2.4 to 21 per cent. (average of 10.17) of all probationers.

2. *Diploma in Psychological Medicine of the University of Leeds.*—During the year 1930 two candidates obtained this Diploma.

3. *Radiological Department.*—The routine work of this Department shows little change. Its value in the diagnosis of doubtful or possible fractures and of pulmonary tuberculosis cannot be too greatly emphasised.

B.—*Asylum Dysentery and allied Infections (Twelfth Post-War Report).*—By Professor J. SHAW BOLTON, D.Sc., F.R.C.P., Dr. M. J. McGRATH, D.P.M., and Mr. A. L. HOWDEN.

1. *Enteric Fever during the period January to December, 1930.*

(a) Three female cases occurred during the year, two in female isolation ward 21 and one in the large sick ward, ward F.5.

Case 1. 20.10.30. *E.H.S.* aet. 37. Admitted 31.3.29. Ward 21.

Widal+1/400 *B. typhosus*. Blood culture remained sterile after 5 days' incubation. Repeated bacteriological examination of the faeces received from this case failed to reveal the presence of *B. typhosus* in any specimen, but it is worth recording that three typhoid "carriers" are isolated in this ward and that an unsuspected typhoid "carrier" was detected during the routine bacteriological examination of the faeces from all the ward contacts. The case had apparently recovered before detection.

Case 2. 2.11.30. *E.J.* aet. 27. Admitted 20.10.23. Ward 21.

Widal+1/200 *B. typhosus*. Blood culture—*B. typhosus* isolated in pure culture. 10.11.30 *B. typhosus* was isolated from the faeces.

Case 3. 28.11.30 *E.H.* aet. 69. Admitted 28.5.29. Ward F.5.

Widal+1/200 *B. typhosus*. Blood culture—*B. typhosus* isolated in pure culture. 29.11.30. *B. typhosus* isolated from the faeces. 2.12.30. During the routine bacteriological examination of the ward contacts a typhoid "carrier," *E.L.*, was detected.

The patient, *E.H.*, died on the 6.12.30. Post-mortem report—Lower 3ft. of ileum showed inflamed Peyer's patches with a little necrosis and slight ulceration—no perforation. Spleen enlarged. Gall bladder contained 58 small stones. *B. typhosus* was isolated in pure culture from spleen and gall bladder.

28.9.30. A male Patient, *J.C.*, aet. 51. Admitted 10.1.24. Ward 20, was found to be suffering from an abscess of the right loin. Bacteriological examination of pus aspirated from the loin resulted in the isolation of a pure culture of *B. typhosus*. 16.10.30. Patient died. Post-mortem report—The right kidney contained pus and 3 or 4 small calculi. No caries of ribs. In the right loin there was about $\frac{1}{2}$ pint of pus. *B. typhosus* was isolated from the kidney and the loin abscess.

(b) *Typhoid "Carriers."* Weekly bacteriological examinations of the faeces of the two previously reported "carriers," i.e., *E.J.* detected 2.3.27 and *H.E.C.* detected 19.1.28, have produced interesting results which will be referred to in detail later.

In addition, three more female patients have been isolated in the female isolation ward 21, as suspected typhoid "carriers," for observation and repeated bacteriological examination. Details of these patients are given below:—

1. 16.10.30. *A.B.*, aet 72. Ward 21. Admitted 24.3.1896.—During routine bacteriological examination of faeces from patients in ward 21, *B. typhosus* was isolated from this patient's specimen. On naked eye examination the specimen appeared to be a normal stool. The weekly bacteriological examination of the faeces from this patient has been positive in each occasion.

2. 23.10.30. *E.M.R.*, aet 51. Ward 22. Admitted 13.8.25.—This patient, like the previous one, was detected during the routine bacteriological examination of faeces from patients in ward 22. The specimen, on naked eye examination, appeared normal. With one exception, the weekly bacteriological examinations have been positive.

3. 2.12.30. *E.L.*, aet 55. Ward F.5. Admitted 5.11.15.—The typhoid case *E.H.* occurred in this ward on 28.11.30. During the bacteriological examination of the faeces of all the contacts in this ward, the patient *E.L.* was found to be excreting large numbers of typhoid bacilli. She was transferred to female isolation ward 21, and there have been no further cases in the ward. The weekly bacteriological examinations have been positive on each occasion.

(c) *Special study of Typhoid "Carriers."*—The results of the weekly bacteriological examinations of the two previously reported "carriers," i.e., *E.J.* detected 2.3.27 and *H.E.C.* detected 19.1.28 are given below:—

E.J.—During the year 56 specimens from this patient have been examined for the presence of *B. typhosus*, of which 18 were negative and 38 positive. We mentioned in our last report that this patient was excreting a non-motile variety of the typhoid bacillus as well as the usual motile bacillus, and she has continued to do so throughout the year under review. In the 38 positive examinations the percentage of non-motile colonies to motile ones “picked off” the MacConkey plates varied from 10 per cent. to 90 per cent. All attempts to produce motility in these non-motile cultures have, up to the present time, failed. Culturally, and serologically, the organisms are identical, and it was only when the staining characteristics of the cultures were investigated that any difference, apart from the motility, was found to exist between the two cultures. When J. Kirkpatrick’s method for the demonstration of flagella was applied to films of the cultures, it was noted that the *non-motile organism* showed larger numbers of flagella than the motile organism, and also that the flagella attached to the non-motile organisms were longer and thicker than those attached to the motile organism. It had formerly been thought likely that the non-motile organisms were devoid of flagella, but repeated examinations failed to support this view, flagella being easily demonstrated on each examination.

This patient died on January 27th, 1931. Post-mortem 4640. The cause of death was carcinoma of the bile ducts and cardio-vascular degeneration. The liver was studded with carcinomatous nodules. The gall bladder contained 6 stones. Motile and non-motile typhoid bacilli were isolated from the bile. Motile bacilli alone were isolated from the centres of the gall stones. *B. Morgan* No. 1 was isolated from the spleen and *B. proteus* from scrapings of the large bowel. It may be mentioned here that the last four specimens of faeces from this patient were examined for *B. typhosus* with negative results.

A.E.C.—During the year 55 specimens from this patient have been examined for the presence of *B. typhosus*, of which 5 were negative and 50 positive. On 19.9.30 a specimen of faeces obtained after a dose of $MgSO_4$, contained a shred of mucus. Colonies of *B. typhosus*, and *B. dysenteriae* Flexner Y were isolated. *B. typhosus* and *B. dysenteriae* Flexner Y were isolated a second time from the specimen received on 23.9.30. From the specimens obtained on 30.9.30 and 7.10.30 *B. typhosus* only was isolated, but from the specimen received a week later, on 14.10.30, *B. typhosus* and *B. Morgan* No. 1 were isolated. Specimens examined on 12 subsequent occasions were positive for *B. typhosus* only.

2. *Dysentery during the Year 1930.*—Eight cases of dysentery occurred during the year, 4 males and 4 females. Two female cases occurred in Ward F.6, one in female isolation ward 21 and one in Stanley Hall. A “carrier” was detected in Stanley Hall. It is interesting to note that the case in ward 21 is also an active typhoid “carrier.” Two male cases occurred in ward 37 and two in ward 5. Three male “carriers” were detected in isolation ward 37.

A summary of the cases and the results of the bacteriological examinations are given below:—

1. 6.2.30. *A.C.* aet 60. Ward F.6*. Admitted 5.8.26.—Recurrent case. *B. dys.* Flexner Y. isolated.

5. 13.7.30. *E.L.* aet. 78. Ward F.6*. Admitted 28.3.19.—Recurrent case. *B. dys.* Flexner Y. isolated.

6. 25.7.30. *M.J.J.* aet 55. Ward S.H. Admitted 2.1.24.—*B. dys.* Flexner Y. isolated.

25.7.30. *M.C.* aet 46. Ward S.H. Admitted 29.11.24.—This patient was found to be excreting *B. dys.* Flexner Y. during the routine bacteriological examination of the faeces of the Ward contacts.

* Dysentery isolation wards.

8. 19.9.30. *A.E.C.* aet 79. Ward 21*. Admitted 12.11.03.—*B. dys. Flexner Y.* isolated. This patient has been an active typhoid "carrier" since January 19th, 1928. A shred of bloodstained mucus was passed with the faeces after a dose of $MgSO_4$, and it was from this specimen that the *B. Flexner Y.* was isolated. *B. typhosus* was also isolated from the same specimen.

2. 15.6.30. *R.R.* aet 12. Ward 37*. Admitted 14.11.27.—*B. dys. Flexner "W"* isolated.

3. 16.6.30. *T.R.* aet 68. Ward 37*. Admitted 11.9.1896.—*B. dys. Flexner "W"* isolated.

17.6.30. *W.S.* aet 40. Ward 37*. Admitted 28.6.19.—*B. dys. Flexner "W"* isolated.

17.6.30. *E.H.* aet 41. Ward 37*. Admitted 28.9.21.—*B. dys. Flexner "W"* isolated.

17.6.30. *A.K.* aet 23. Ward 37*. Admitted 29.7.19.—*B. dys. Flexner "W"* and *B. Morgan No. 1* isolated.

These three patients were detected during the routine bacteriological examination of faeces of the Ward contacts.

4. 4.7.30. *F.S.* aet 35. Ward 5. Admitted 28.3.19.—*B. dys. Flexner "W"* isolated.

7. 8.8.30. *H.L.A.* aet 26. Ward 5. Admitted 20.9.20.—*B. dys. Flexner "W"* isolated. (Recurrent case.)

3. Routine Bacteriological Examinations of Faeces from new Admissions.

As a result of these examinations, seven patients were found to be excreting *B. Morgan No. 1* and were transferred to the dysentery isolation wards. The absence of *B. dys. Flexner* from the list of organisms isolated from the faeces of new admissions this year is noteworthy.

4. Observations on the employment of Vaccines in Dysentery.

During the year, dysentery contacts in two wards, one male and one female ward, have received prophylactic injections of autogenous vaccines. In the female ward, Stanley Hall, one case and one carrier were detected on July 25th, 1930, and were transferred to the dysentery isolation ward 21. The contacts in this ward, 83 patients and 12 staff, were given their 1st and 2nd doses of autogenous vaccine on August 7th and 17th respectively. There have been no further cases of dysentery in this ward.

In male ward 5 two cases of dysentery were detected, one on July 4th, 1930, and the other on August 8th, 1930. In this instance, the contacts, 85 patients and 7 staff, received their 1st dose of vaccine on August 10th and the 2nd dose on August 20th. No further cases of dysentery have occurred in this ward.

5. Infective Enteritis.

During the year 34 cases of infective enteritis have been investigated. Twenty-one female patients, 12 male patients, and one male nurse, from various wards in the hospital, were affected. Most of the cases occurred during the months of November and December.

The clinical symptoms associated with these cases were in most instances mild, the patients complaining only of diarrhoea. In a few instances, however, there was abdominal pain and slight fever with a temperature of 101 deg., which lasted for from 24 to 48 hours. The stools were fluid and of a dark brown colour. In one or two cases stools containing blood and mucus and closely resembling the typical dysenteric stool were passed.

* Dysentery isolation wards.

All the cases recovered and were apparently well again in a few days. The biochemical reactions of the organisms isolated in each instance, from the 34 cases, closely resembled those produced by *B. Ceylonensis* "A" Castellani.

Sir Aldo Castellani very kindly supplied us with some of his cultures of metadysentery bacilli (1 and 2) and we were able to carry out comparative tests between these organisms and those isolated from our cases.

The biochemical and serological reactions obtained with Castellani's organism, *B. Ceylonensis* "A" and the organism isolated from our cases were found to be identical.

Biochemical and serological tests were also carried out with *B. Ceylonensis* "A," the so-called *B. dys. Sonne* and the organisms isolated from our cases. The results obtained support the statement made by Cerruti (3), that *B. Ceylonensis* "A" Castellani and the so-called *Sonne bacillus* are identical biochemically and serologically.

Refs.: 1.—CASTELLANI, Sir Aldo. *Proceedings of the Royal Society of Medicine*, Vol. XX. No. 8, 1927.

2.—CASTELLANI, Sir Aldo. *Lancet*, 24th August, 1929.

3.—CERRUTI, Prof. C. *Journal Tropical Medicine and Hygiene*, July, 1930.

6. Short Summary of Previous Reports.

Certain facts which emerge from a study of our Annual Reports on Dysentery have now become of sufficient importance to be worthy of repetition in chronological order. These are as follows:—

1919.—The causative organism of dysentery in Wakefield Mental Hospital is *B. dys. Flexner*. The institution is free from infection with *B. dys. Shiga*. Segregation of patients is practised on the basis of blood serum reactions.

1920.—Positive Widal reactions are most frequently found in the wards in which clinical dysentery is present. The Widal titre shows great variability. During the year a vaccine, standardized to contain 2,000 million organisms per 1 cc., was first employed for the prophylactic treatment of dysentery. The results resembled those following the use of t.a.b. No statement was made regarding the value of this method.

1921.—Blood and mucus in a stool is not pathognomonic of dysentery. Repeated bacteriological examination is essential. A large number of positive Widal's is found amongst dysentery contacts. Prophylactic vaccination is not followed by any troublesome complications, and its systematic employment is desirable in the event of a dysentery epidemic.

1922.—Further evidence is given of the frequent occurrence of positive Widal's amongst *B. Flexner* contacts. On the other hand, such does not occur in the case of enteric contacts. Stress is laid on the importance of a thorough bacteriological examination of all transfers from other mental hospitals.

1923.—For a positive Widal, an arbitrary standard (repeated at least once) of $+1/50$ and $+1/100$ was fixed.

The agglutination test is regarded as a preliminary safeguard only, and as an indication of the need for culture tests. The former cannot take the place of the latter. A positive typhoid Widal means a present or relatively recent attack of the disease (in the absence of course of vaccination). A positive *Flexner* Widal is often found amongst *Flexner* contacts. The less pathogenic organisms are more prevalent in the institution when the more severely pathogenic types are epidemic. The incidence of the former falls when the latter becomes sporadic or disappears.

1924.—The whole of the male chronic block was vaccinated.

1925.—Emphasis is laid on the fact that transfers from other mental hospitals constitute a source of danger. The importance of a properly equipped bacteriological laboratory, constantly standing by for emergencies, is stressed. In view of the results obtained with our autogenous vaccine we are convinced that anti-dysenteric vaccination is a valuable aid in the control of the disease.

1926.—The examination of faeces must be regarded as the normal method for the detection of "carriers." All contacts should be examined as soon as possible after the diagnosis of a case of enteric fever, since the carrier may still be excreting bacilli. The stools should be employed in as fresh a state as possible. Whilst it is possible that a case of enteric fever may for a long period have been a carrier, it is so much more likely that the case is caused by another unrecognized carrier that failure to discover one should merely stimulate the laboratory to more energetic efforts.

The results of the vaccination of ward F.6 provide a striking illustration of the practical utility of vaccination, after our usual routine methods had failed owing to the negligence of certain members of the staff.

1927.—The vaccine treatment of enteric "carriers" is useless.

1928.—Prophylactic treatment with anti-dysenteric vaccine was again successfully employed.

1929.—Emphasis was laid on the value of the clinico-bacteriological methods applied to all new admissions for the purpose of preventing the entrance of infection from outside sources.

IV.—FROM THE WEST RIDING MENTAL HOSPITAL, WADSLEY, SHEFFIELD.

General Report.—By Dr. W. J. N. VINCENT, C.B.E., Medical Superintendent.

Routine Laboratory Work.

The work of the pathological laboratory is carried out under Dr. F. T. Thorpe, D.P.M., the Pathologist. The following is a summary of the routine work undertaken during the year 1930:—

Urine:—Routine 883, urea estimations 4, sugar estimations 12. *Blood*:—Meinicke's micro-reaction 302, Widal's 371, cell counts 42, Van den Berg 4, sugar and urea estimations 7, malarial parasites 51. *c.s.f.*:—57 specimens were examined. *Bacteriological examinations*:—sputa 39, throat swabs, etc. 42, pus, etc. 12, excreta 280, urine 2, blood 2, hairs 2. *Miscellaneous*:—Faeces for occult blood 6, for intestinal parasites 2. *Histological sections*:—Specimens were taken from 75 autopsies and from 3 operations.

The total number of specimens examined was 2,198—the number for 1929 being 1,755 and for 1928, 1,400. There has been a gradual increase in the work of the laboratory.

Routine Examinations of New Admissions.—A sample of blood is taken from every case and submitted to a Widal agglutination test and to Meinicke's micro-reaction for syphilis. The former is carried out with Oxford standardized suspensions of *B. typhosus*, para. A and B, *B. dysenteriae* Shiga, *B. dysenteriae* Flexner V.W.X.Y.Z., and all positive cases are further investigated by examination of the excreta. The percentage of cases giving agglutination to t.a.b. was 17 per cent. males and 5 per cent. females. The large number of male positives is due to army inoculations.

All positive Meinicke's are followed up by examination of the c.s.f., a confirmatory Wassermann being obtained in doubtful cases.

Search for Typhoid "Carriers," etc.—During the year the systematic search amongst the chronic patients was continued, and we cultured the

faeces from patients in wards 23, 24 and 25. The following is a list of organisms isolated:—

B. typhosus	...	...	...	...	...	0
B. dysenteriae Flexner (inagglutinable)	...	...	...	...	...	6
B. Morgan No. 1	...	...	...	...	...	1
B. enteritidis Gaertner (inagglutinable)	...	...	...	...	...	3
B. pyocyaneus	...	...	...	...	...	2

A nasal diphtheria carrier is kept under close observation. Tests as to virulence are made from time to time.

Severe Diarrhoea.—Many cases of severe diarrhoea occurred in January. The majority of these cases were of the non-dysenteric type and a specific organism could not be found. In a few cases the diarrhoea was undoubtedly associated with chronic Bright's Disease. One patient, however, a girl age 21, died in status epilepticus, and at the autopsy acute catarrhal gastro-enteritis was found to be present.

Diseases of the Kidney and Urinary Tract.—As in previous years, we found a large number of female patients with chronic nephritis and urinary infection (*B. coli*). There were 76 cases (25 males, 51 females) with granular tube casts, 66 (18 males, 48 females) with pyuria.

X-Ray and Ultra-Violet Ray Department.

The department has now been in use two years, and I am indebted to Dr. Elisabeth Sykes for the efficient work done in this department. The work carried out during last year was as follows:—

X-Ray Department.—164 cases were dealt with (62 male and 71 female patients, 22 male and 9 female staff). The total number of films taken was 298. This work has been exceedingly useful in various ways—especially in the estimation of the position of fractures, and in the diagnosis of phthisis, etc.

Ultra-Violet Ray Department.—A total of 27 cases was treated (11 male and 15 female patients, and one member of the staff). Total attendances, 1,348. Average attendance per patient 50. Total hours exposure, 226½. Average exposure per patient per attendance 10 minutes. This gives a high average because of the number of skin diseases treated. The treatment has proved extremely beneficial to many cases.

Special Work.—The treatment of general paralysis by induced malaria has been continued. The total number of cases treated so far has been 194.

Of the patients inoculated during the year 1930 (total 32):—

Improved; but not fit for discharge from hospital	...	...	...	...	...	10
Not improved	...	...	...	...	...	6
Failing or degenerated	...	...	...	...	...	1
Transferred to another institution	...	...	...	...	...	—
Discharged, reported to be doing well	...	...	...	...	...	6
Discharged, but relapsed and re-admitted	...	...	...	...	...	2
Discharged improved—into care of friends	...	...	...	...	...	4
Discharged, but reported to have died	...	...	...	...	...	—
Died in South Yorkshire Mental Hospital	...	...	...	...	...	2
Under treatment	...	...	...	...	...	1

M. F.

Total number of General Paralytics discharged during year	10	2
Total number of General Paralytics admitted and died during year	1	4

Dr. Elizabeth Eaves of the University of Sheffield, Honorary Neuro-Pathologist to the Mental Hospital, is continuing her research work on *encephalitis lethargica*, etc.

Calcium and Phosphorus Compounds in certain Conditions.

The following is a brief summary of a paper on calcium and phosphorus compounds in different conditions, that has been prepared for publication:—

An increase of calcium in the brain is relatively uncommon. It tends to occur in conditions where there is gliosis without wasting of the brain.

Increased calcium was found in the brains of two young patients in which numerous microscopic haemorrhages were present—and was not associated with the deposition of inorganic iron.

In thirteen brains from cases of *degenerative nervous* diseases (general paralysis of the insane, Huntington's chorea and arterio-sclerotic insanity), in all of which there was wasting, there was increased calcium only in one, and great diminution in phosphorus compounds in eleven. In the four brains from cases of Huntington's chorea the calcium was diminished.

In *chronic epidemic encephalitis* increase of calcium is more common than in other conditions. In eight out of nine cases the phosphorus percentage was within normal limits.

In *epilepsy*, in six cases with status epilepticus, the calcium was within normal limits except in one case of tuberosc sclerosis. In three of the cases the phosphorus was within normal limits. In the other three in which epilepsy was associated with mental deficiency and dyspituitarism, the phosphorus was very low. This was probably due to disordered phosphorus metabolism rather than necessarily a result of status epilepticus.

In one case of *cretinism* the calcium was high and the amount of phosphorus very low.

In one case of *Paget's disease* the amount of calcium was high.

A low phosphorus content may exist with good myelination of the nervous system, but poor myelination is always accompanied by a decreased amount of phosphorus. It is concluded the nerve cells may pathologically be deficient in compounds of phosphorus probably of a lipid nature.

The majority of the cases on which the above investigation was based were patients in the South Yorkshire Mental Hospital, Wadsley, Sheffield; four others, cases of Professor A. Hall and Dr. A. G. Yates.

Epidemic Encephalitis.

The brains from fourteen cases of chronic encephalitis are being investigated. Of these cases six died of the disease (two very suddenly) after periods of time varying from 2 to 5 years, three of erysipelas, two chronic tuberculosis, one influenza, one from malaria used as an experimental therapeutic measure, and one committed suicide. In the latter patient the diagnosis had been rather doubtful, but was confirmed by pathological findings in the brain being similar to other cases.

Besides these fourteen cases, some examination has been made of three brains from cases with a doubtful diagnosis of epidemic encephalitis, and the pathological evidence has not confirmed the diagnosis.

In ten cases a special study has been made of the pituitary and hypothalamic region in relationship to symptoms, and two papers on this subject have been published recently (The Pituitary and Hypothalamic region in chronic epidemic encephalitis, by Elizabeth Cowper Eaves and Margaret M. Croll.—*Brain* 1930, Vol. 53, p. 56.)

In nine brains a chemical examination has been made with regard to the amount of calcium and phosphorus present.

Different parts of the nervous system are being examined, more particularly with reference to tract degeneration.

Miss Croll of the University of Sheffield is assisting with histological work.

Of the seventeen cases mentioned, fourteen were patients in the South Yorkshire Mental Hospital, two in the Royal Hospital, Sheffield, and one in Fir Vale Hospital.

The Hypothalamic Region of the Brain and the Human Pituitary.—Weigert Pal preparations of the hypothalamic region show that there are comparatively few unmyelinated fibres present. An attempt is being made to trace unmyelinated fibres from this region to the pituitary by the use of Ranson's silver Pyridine technique. Fibres have been identified in the pituitary stalk.

Miss M. M. Croll has shown in a previous paper (1928) that non-myelinated nervous fibres supply the cells of the pars intermedia in the rabbit, and is now trying to find similar fibres in the pars intermedia of the human pituitary.

Some time must elapse for the collection of suitable human material.

The effect of different diseases on the pituitary is also being noted.

V.—FROM THE WEST RIDING MENTAL HOSPITAL, MENSTON, LEEDS.

Investigation of Hepatic efficiency by the methods of Lævulose and Galactose Tolerance.—By Dr. JOHN RUSSELL, D.P.M.

1.—Blood sugar curves were obtained from 79 patients following the ingestion of lævulose (40g.). Blood sugar estimated by MacLean's method using blood samples obtained by veni-puncture. This work is still in progress, and it is possible to venture only the following tentative synopsis:—

(a) The capillary curve closely approaches that of venous blood. The method of obtaining the sample does not affect the validity of the test.

(b) The criterion of a positive result is a slow return to fasting level rather than a marked rise in the blood sugar value.

(c) Variations in the response to the test are met with in the same patient from time to time.

(d) In 10 of 64 epileptic patients positive results have been obtained. In one only of these cases has there been corroborative evidence of liver inefficiency, the onset of serial fits being heralded by a "bilious attack." Idiopathic epilepsy does not appear to be associated with hepatic inadequacy.

(e) Eleven general paralytics have given results within normal limits. In one case a decrease in lævulose tolerance was noted immediately prior to the onset of seizures.

2.—Galactose tolerance curves have been obtained in 16 cases. Further investigations are being carried out to determine the relative merits of the lævulose and galactose tests.

VI.—FROM THE WEST RIDING MENTAL HOSPITAL, STORTHERS HALL, KIRKBURTON.

General Report.—By Dr. C. W. EWING, D.P.M., Medical Superintendent, Laboratory Assistant, Mr. J. A. BURGESS.

During the year 4,141 examinations were made in the hospital laboratory, of which the following is a summary:—

Blood.—Meinicke T.R., 421; W.R., 421; agglutinations, 1,005; malarial blood films, 356; differential counts, 17; red and white blood counts, 34.

C.S.F.—Meinicke T.R., W.R., colloidal gold, Ross Jones globulin test, cell counts 77; Boltz acetic anhydride, 153.

Dejecta.—Stool cultures, 271; urines (micro and chemical), 454; glucose estimation in urine, 27; ketone tests, 54.

Throat swabs and pus specimens, 56. Milk and food, 13. Pathological sections, 290. Post-mortems, 126.

Serological tests in blood and c.s.f. of cases admitted during the year.

The following table gives details of the findings.

Admissions.	W.R. Reaction Positive.	M.T.R. Positive.
Males 214	38 (17.75 per cent.)	35 (16.35 per cent.)
Females 207	14 (6.76 per cent.)	18 (8.69 per cent.)
Total 421	52 (12.35 per cent.)	53 (12.59 per cent.)

The M.T.R. findings thus agreed with W.R. results up to 96.9 per cent. ; the difference, upon analysis of the figures, is as follows: positive W.R. but negative M.T.R. 4 males, 2 females; negative W.R. but positive M.T.R., 1 male, 6 females.

C.S.F.—Examination in cases giving positive W.R. in blood was carried out in all cases where possible, as shown in the following table:—

Blood W.R. +	C.S.F. W.R. +	C.S.F. —	Died before C.S.F. obtained.
Males 38	25 (65.79 per cent.)	7	6
Females 14	10 (71.42 per cent.)	3	1
Total 52	35 (67.31 per cent.)	10	7

In addition to these admission cases 35 C.S. fluids were examined in other doubtful cases of neuro-syphilis.

In 16 cases of death from g.p.i. the brains were examined for the presence of spirochaetes pallida. In 7 cases its presence was demonstrated by the Yahnel method. In none of these cases had malarial treatment been administered. The prefrontal, precentral, gyrus rectus and post central were in the order given the chief areas of localization.

Boltz Acetic Anhydride Test.—This test was carried out in connection with the Wassermann reaction on 77 c.s.f.'s and only in one instance did it give a reaction which did not correspond with findings of the other tests. This test was also carried out on a further 76 c.s.f.'s taken post-mortem, and in every case it gave a positive reaction, irrespective of the presence or absence of g.p.i.

The degree of positivity showed considerable variation in different specimens, but this variation has no relation to the number of hours elapsing between time of death and the time of carrying out the reaction.

Agglutination Tests.—All admissions during the year were tested for the presence of *B. dysenteriae* Flexner and for *B. typhosus* H. and O.

Admissions.	<i>B. Typhosus</i> H. and O.	<i>B. Flexner.</i>	Negative.
Male 214	Nil	24	190
Female 207	Nil	22	185
Total 421	Nil	46	375

The reactions of these cases in the *B. Flexner* group ranged from + — — in 1:50 to + + + in 1:100. The stools from the 46 cases were

cultured at varying intervals, but with negative results to the *B. dysenteriae* Flexner group.

Enteric.—There were no cases of enteric detected in the hospital during the year.

Dysentery and Diarrhoea.—2 male cases of dysentery occurred, and the specific organism (*B. dys. Flexner* Y.) was isolated from the stools. In the course of investigation of the contacts of these cases a carrier was detected and *B. dys. Flexner* Y. isolated from his stools.

A slight outbreak of diarrhoea affecting 7 male cases occurred in the early part of the year, and in each case an atypical *B. dys. Flexner* (W.Y.) was cultured from the stools without much difficulty. The bacillus gave the *B. Flexner* (W.Y.) sugar reactions, but was not agglutinated by the specified antisera. The stools in these cases were not characteristic of dysentery and resumed their normal character in about 2 days. One carrier of the above atypical bacillus was detected in the course of the investigation of the contacts.

Induced Malaria in G.P.I.—The treatment of selected cases of g.p.i. by subcutaneous injection of blood with a benign strain of tertian malaria was continued. In all 22 cases (16 male and 6 female) were treated during the year, 2 male and 1 female patient recovering sufficiently to be discharged during the year.

The number of patients treated to date (3 years) is 50, with the following results:—

	M.	F.	T.
Improved and discharged	*6	2	8
Improved	18	3	21
Showing no noticeable change	10	2	12
Died	8	1	9
	42	8	50

* 1 male relapsed and returned.

Treatment of Dementia Praecox by Sulphosin.—7 male and 2 female cases were subjected to treatment by intramuscular injection of sulphosin, but in none of these was any permanent improvement obtained.

VII.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, RAINHILL.

A.—*Focal Sepsis in Mental Disorder.*—By. Dr. A. POOL, M.R.C.P., D.P.M.

A series of cases of chronic encephalitis, confusional insanity, etc., were investigated in order to assess the rôle of focal sepsis as an ætiological factor.

The pathogen-selective technique has been employed throughout and its utility in incriminating or exonerating particular foci of sepsis has been illustrated in detail in three cases. Essentially this method consists in utilizing the patient's own blood as the chief factor in organismal culture.

The method adds bacteriological finesse to the preparation of auto-genous vaccines and ensures that their content is selective to the particular case.

Where this method is employed unnecessary surgical intervention will be avoided, and what is undertaken will be based on a demonstration of causal pathology.—*Journal of Mental Science*, Jan. 1931.

B.—*A Rare Congenital Lesion of the Brain.*—By Dr. A. POOL, M.R.C.P., D.P.M.

Out of a series of over 6,000 consecutive post-mortem examinations at Rainhill Mental Hospital, this case is unique, hence its publication.

Clinical Features.—A female, epileptic imbecile, aged 52, fits having commenced at the age of 42, and averaging about six per month. There was an obvious visual defect, the patient having to lower the head and raise the eyes in order to see straight in front of her, but owing to the poor mental condition of the patient examination of the visual fields, etc., could not be carried out. The discs were normal in appearance. In addition there was a right facial palsy of lower motor neurone type. Apart from a mild attack of herpes zoster her stay in hospital was uneventful for about twelve months, when she suddenly developed weakness in the legs and arms with gradually deepening coma, ending in death after about 24 hours. During this attack the pupils became unequal $R > L$ and irresponsive to light, while there was exaggeration of all the deep reflexes on the right side of the body, but no alteration in the plantar responses. The cerebro-spinal fluid was withdrawn and yielded the following results:—

Globulin—trace only. *Stigma*—completely negative.

Cell content—within normal limits.

Gold Curve—2222311000.

A tentative diagnosis of cerebral tumour was made and at the autopsy the following condition was encountered: There was a symmetrical lesion in the distribution of certain of the branches of the posterior cerebral artery. The areas affected were harder than the surrounding brain tissue, defective in convolitional pattern and blood supply. Microscopically it was found that there was no grey matter on the surface of the affected area, the tissue merely consisting of strands of nerve fibres with islets of well developed neurones in between them. Professor J. Shaw Bolton has kindly examined the specimen, and in his opinion the lesion is due to "Ischæmia of the affected area secondary to mal-development of the branches of the posterior cerebral artery occurring at mid-fœtal life."

C.—*Two Cases of Rupture of the Coronary Artery.*—By Dr. C. B. BAMFORD, D.P.M.

At two recent autopsies at the Rainhill Mental Hospital, the condition of a ruptured coronary artery was found in two patients, who had died suddenly, but who were known clinically to have had cardio-vascular degeneration.

In each case the cause of death had been certified as cardiac failure and arterio-sclerosis. Though sclerosis of the coronary arteries is by no means uncommon, it is seldom that this condition proceeds to the extent of aneurysmal formation and rupture. In reviewing the post-mortem records of this hospital for the last 20 years, comprising nearly 3,000 cases, no similar instance of this condition could be found. Its apparent rarity induced the author to extend his investigations to a wider source.

In the standard text books on Medicine and Pathology very scanty reference to coronary aneurysms and rupture is made. Kaufman, in his monumental book on Pathology, says "hæmo-pericardium occurs quite rarely from aneurysms of the coronary artery."

Recent references in the literature are practically non-existent, and one must go back 30 years to obtain satisfactory descriptions of this condition.

Capps collected 19 cases of aneurysms of the coronary arteries, and stated, that in 11 of these cases death occurred from rupture in the pericardium. He adds, "I was very surprised in reading the literature to learn that while aneurysms of the heart and of the root of the aorta are comparatively common, so very few instances of coronary aneurysms have been described."

The usual site of the dilatation is very near the origin of the coronary artery from the aorta, in the loose cellular tissue, described as the peri-aortic space. This location is also a favourite place for inter-parietal aneurysms of the heart.

T. Wardrop Griffith described 18 cases in which death occurred from rupture into the pericardial sac in exactly one half. He says "aneurysmal dilatations in the course of the coronary arteries of the heart are so uncommon that the experience which fell to my lot of seeing two examples in two successive post-mortems must be unique." With slight differences, history has repeated itself in relation to the two cases about to be described. These differences will be apparent on reading the account of the two cases.

Case 1.—W.B., aged 64 years, a patient in this hospital for many years, was a long standing case of dementia praecox. Though exhibiting many of the characteristics of a chronic dement, it had been possible to employ him in rough routine work at the farm for many years. Periodical examination of his physical state revealed the fact that his arteries generally were thickened and tortuous, and his cardiac degeneration was shown by the altered character of his heart sounds. Despite this, he maintained his health and vigour and was able to work regularly until January 7th, 1931, when he stayed in from his work on the plea that he did not feel well. The next morning he was observed to be looking ill and when interrogated he replied that he did not feel very well, adding that he had a cold. He was put to bed in the sick ward awaiting the medical officer's visit.

He was found dead a short time afterwards—just a minute or two after the nurse had taken his temperature.

Unfortunately, his blood had never been examined for syphilis. At the autopsy, the heart in situ appeared very large in all dimensions—a typical bullock heart.

As soon as the pericardial sac was opened, a dense large coagulum of blood was seen to fill and distend the whole of the pericardium. The recency of the clot was evidenced by the absence of any attempt at organisation. The source of the haemorrhage was easily traced to a ruptured aneurysm, about the size of a pea on the course of coronary artery on the posterior aspect of the heart in the inter-ventricular groove. The aneurysm was located about an inch from the apex of the heart—the most unusual site. On the anterior surface of the heart, there were also two other similar aneurysmal dilatations in the course of a coronary artery running over the surface of the right ventricle near the cardiac apex. The heart itself (407 gm. in weight) was very large, showing hypertrophy of both ventricles and particularly of the left. The aorta (especially the thoracic portion), exhibited considerable raised, round areas of atheroma irregularly disposed, of the "shirt button" variety, which is highly suggestive of a syphilitic aorta. The other arteries were sclerosed considerably. The solid viscera all showed increased density and fibrosis, consistent with the usual findings in dementia praecox.

Case 2.—S.H., aged 69 years, a case of dementia, was in a very poor bodily health. Her heart was weak and irregular, and a mitral systolic murmur was present. Her arteries too, were generally hardened. The blood and c.s.f. were negative to syphilis.

Mentally she was very dull and confused and unable to give any account of herself. She died suddenly on December 8th, 1930.

At post mortem, an interesting lesion of the left anterior coronary artery was found which, in all probability, accounted for the suddenness of her demise. The artery was found to have ruptured longitudinally resulting in a haemorrhagic infiltration of the outer portion of the muscle of the left ventricle. There was no evidence of any aneurysmal formation, although the coronary arteries generally were sclerotic.

The heart, weighing 258 gm. showed slight hypertrophy of the left ventricle.

Extensive atheroma with ulceration was found in the aorta. The kidneys were small and typically granular. In the brain there were some areas of softening, notably some small peri-vascular softening in the left basal ganglia and also in the left lobe of the cerebellum.

It will be seen that the special features of interest in case 1 were:—

(1) The presence of multiple aneurysms of the coronary arteries, situated in an unusual position, viz., towards the terminal parts of the artery rather than near the place of origin.

(2) The rupture of one of these aneurysms into the pericardium.

(3) The condition of the aorta suggests a probable syphilitic origin of these aneurysms.

In case 2, the rupture of the coronary artery was just the end result of advanced arterial degeneration, associated with chronic renal disease and cardiac hypertrophy.

Indebtedness is due to Professor Dible for his valuable suggestion and help, and also to Dr. E. F. Reeve for permission to publish the case.

References.

Capps. Aneurysms of the Coronary Artery.—*American Journal of Medicine*, September, 1899.

Wardrop Griffith.—*B.M.J.*, February 22nd, 1900.

VIII.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, WHITTINGHAM, PRESTON.

A.—*Report of Clinical and Pathological Investigations*.—Communicated by Dr. R. M. CLARK, Medical Superintendent.

Routine Laboratory Work.—The following table summarizes much of the work carried out during the period under review:—

Urines examined, 3,495; bacteriological examinations: faeces, 482; urines, 186; sputa, 102; throat swabs, 75. Agglutination reactions (Widals), 930; examination of c.s.f., 369; biochemical examinations: c.s.f., 369; blood, 14. Examination of gastric contents, 35; autogenous vaccines, 5; liver function tests: Van-den-Bergh, 11; Fouchets, 11. Meinicke reaction for syphilis: blood, 609; c.s.f., 185. Blood films examined (malaria), 2,448; pathological specimens, cut and stained, 300; miscellaneous pus swabs, etc., 78; urea concentration tests (blood), 10; examination of blood films (not malaria), 60; blood counts, 10; routine photography of new admissions, 400.

Mounting of pathological specimens for the museum (routine).

Investigation of the Effects of Iodine in the Prevention of Influenza and Epidemic Diseases.—This investigation has been continued during the past year in certain divisions. It is of course difficult to form any conclusions over a period of two winters only, but the evidence of influenza in the divisions in which the experiment has been conducted was certainly lower than in the two preceding years. During the past winter the incidence has been lower in these divisions where the iodine treatment was in vogue.

B.—*Meinicke Turbidity Reaction in Cerebro Spinal Fluid*.—By Dr. DAVID PRENTICE.

Untersteiner published a useful method of applying the M.T.R. c.s.f. and a slight modification of his method has been adopted in the investigation of the cases here. Beyreuther uses a modification of the M.K.R. for the examination, but during the past year we have only used Untersteiner's method. Nearly 200 cases were examined, and we are of the opinion that the test is reliable and useful. Only 0.5 cc. of c.s.f. is required. All the specimens have been submitted to a Wassermann examination at the same time, and a comparison of the results in the two tests has been formed.

IX.—FROM THE LANCASHIRE COUNTY MENTAL HOSPITAL, WINWICK, WARRINGTON.

Report of Clinical and Pathological Investigations.—Communicated by Dr. F. M. RODGERS, O.B.E., Medical Superintendent.

A.—Routine Laboratory Work.

The Laboratory has throughout the year continued its useful function, the summary being as follows:—

Photographs, 725; urine examinations: general, 5,040, special, 199, microscopic, 1069; c.s.f. (Lange, Boltz, protein and cells), 185, Sachs-Georgi, protein estimations and counts, 148; bloods: Sachs-Georgi, 83, malarial films, 253, differentials, 24; gastric contents and other fluids, 23; scrapings and smears, 8; post-mortems, 65; histological, 20; microscopic and histologic slides, 1,067; bacteriological (autogenous vaccines, sputa, pus, swabs, faeces examinations), 348, cultures, 347.

B.—Malarial Therapy in General Paralysis.

1.—By Dr. J. GIFFORD, D.P.M., Deputy Medical Superintendent.

During 1930 there were admitted only 27 cases of general paralysis, possible cases amongst admissions being investigated by laboratory tests and diagnosis depending on this multiple confirmation, so that this figure is comprehensive.

Of these 18 (males 15, females 3) were suitable for malarial inoculation, and were so treated. In addition 3 others received secondary inoculations, 2 of whom did not develop the fever. Nineteen therefore received full treatment by malarial therapy by intramuscular route. Of these two were discharged recovered, and one much improved to the care of friends; one was transferred to another hospital, two others will shortly be discharged. One inoculated after strong pleading by friends died during treatment, the blood never becoming positive. Among those remaining two show no noticeable change; 12 have much benefited mentally and physically, seven being in non-observation wards; six are in parole wards. One only remains a bed case. Bismustab injections and other therapy have supplemented this treatment with useful results.

2.—By Dr. E. J. FITZGERALD.

Malarial blood has been supplied to other mental hospitals and to General Hospitals. The type of strain used is benign tertian. One case was treated with quartan strain with an incubation period of 31 days, the rigors were so severe that the strain was given up. Two cases of g.p.i. had been treated with malaria in general hospitals before admission here, one case was very far advanced and died shortly after admission. Three unsuccessful attempts were made to inoculate the other, and he was discharged recovered six months after admission.

The following colloidal gold readings of g.p.i. patients treated with malaria alone, and still in the hospital, are of interest. They are all of clean and tidy, good ward workers, but are demented with neurological signs of g.p.i.

Case A.K., c.s.f. before malaria	55555, 54322
20 months after malaria	13345, 52100
40 " "	12332, 11000
67 " "	12355, 43210
85 " "	00011, 10000—globulin, Boltz, cells nil, pro-
tein 20 mgms. per 100 ccs.	
He had a second attack of malaria 24 months after the first attack.	
Case A.M.B., c.s.f. before malaria	55555, 32000
1 month after malaria	55555, 32000
17 " "	01234, 32000
24 " "	22345, 53200
39 " "	00123, 32100
66 " "	01234, 32100
80 " "	00122, 10000—globulin, Boltz, cells nil, pro-
tein 25 mgms. per 100 ccs.	

Second attack of malaria 18 months after first attack.

Case T.K., c.s.f. before malaria 55555, 32100

16 months after malaria 01244, 32100

38 " " 02233, 32100

65 " " 00122, 21000

83 " " 00011, 10000—globulin, Boltz, cells nil, pro-

tein 25 mgms. per 100 ccs.

Second attack of malaria 31 months after first attack.

A complete examination of all treated cases of g.p.i. (including both c.s.f. and blood Wassermann) remaining in the hospital is being undertaken.

C.—*Examination of Cerebro Spinal Fluids.*—By Dr. E. J. FITZGERALD.

144 C. S. F.'s from male patients have been examined during the year, in each case Lange's colloidal gold, a Boltz acetic anhydride, Pandy's test for globulin, a cell count, and a protein estimation by Mestrezats diaphanometric method was done; any case showing a luetic or paretic curve had a Sachs-Georgi done and a number of positive results were confirmed by a Wassermann.

Twenty-five fluids from untreated g.p.i.'s showed:—

+ Globulin 25, + Boltz 21	{ All showed a cell increase of from 15 to 300 per cmm., and protein increase of from 30 to 100 mgms. per 100 ccs.
— Globulin 0, — Boltz 4	

The colloidal gold reading in the first five tubes gave:—

55555 in 15 cases: 45555 in 9 cases: and 34555 in 1 case.

It would appear that cases giving a 4 in the first tube of the series respond more favourably to malarial treatment.

Three non g.p.i. fluids gave a + Boltz, one a case of neuro-syphilis, one a case without neurological signs and a negative Wassermann in both blood and c.s.f., the other a case with a history of Pott's disease with some paresis of lower limbs, a protein estimation of 120 mgms., and a negative blood and c.s.f.

D.—*The Sero-Diagnosis of Syphilis.*—By Dr. E. J. FITZGERALD.

The Report of the second Laboratory Conference on the Serodiagnosis of Syphilis held in Copenhagen in June, 1928, by the League of Nations Health organisation, having considered the result of the blood serum tests (six modifications of the Bordet-Wassermann reaction, and seven flocculation tests, the Kahn, the Meinicke (M.T.R. and M.M.R.), the Muller, the Murata, the Sachs Georgi, Sigma and Vernes), report that the best of these flocculation tests may be regarded as equal in value to the best Bordet-Wasserman, but for the present would prefer that at least two different sero-diagnostic methods should be used, and that one of these should be a Wassermann. These recommendations are being carried out here; the Meinicke clarification reaction, micro-method, an improvement on the original Meinicke micro reaction, is being carried out on the bloods of all male admissions, and blood from all positive results is sent to Manchester University for a Wassermann reaction in view of the Medical Research Committee Special Report Series No. 14 that "Where Wassermann tests are carried out for official purposes not less than 100 tests per week should be performed in batches of 50," an impossibility in any mental hospital without a full time pathologist. The numbers done so far show a very encouraging agreement. The outstanding advantage of the M.K.R. micro-reaction is that the necessary blood can be obtained without venous puncture in capillary tubes, that the results are easy to

read and rapid, a large number, as many as 20, can be done in half an hour: and that it gives about 90 per cent. agreement with the Wassermann. As yet it has not been found satisfactory to apply the M.K.R. to c.s.f.

Thirty-three c.s.f. and 50 bloods have been examined by a modified Sachs Georgi reaction; 40 bloods were +, 5 + uncertain and 19 —; 20 c.s.f. +, 9. ± uncertain, and 4 —. This reaction has proved unsatisfactory, as it is extremely hard to read in weak cases and gives a large number of doubtful results. It is especially uncertain in c.s.f. These results were read by the eye without the assistance of an agglutinoscope. It is hoped shortly to use both the new Sachs Georgi lentochal reaction and the Sachs Witebsky citochol reaction, the latter reaction it is claimed can be used satisfactorily with c.s.f. An additional advantage of the flocculation tests is "That they persist longer after treatment than the Wassermann, and are more sensitive in treated cases" (Nobarro, p. 137, Interpretation of Aids to Diagnosis, *Lancet*, 1930). In view of the increasing number of g.p.i.'s treated before admission to mental hospitals this is of importance.

E.—*Publications.*—By Dr. J. ERNEST NICOLE, D.P.M., Senior Assistant Medical Officer.

1.—*Psychopathology: A Survey of Modern Approaches.*—London, Bailliere, Tindall & Cox, 1930. Pp. xii + 203.

Synopsis.

The book is intended to provide a short and concise summary of the modern methods of approach to psychopathology, unclouded by too much controversial discussion or clinical data.

After a brief historical resumé of the culmination of hypnotism and suggestion into the modern French schools as represented by Babinski, Janet, Baudouin and Dubois, a short account of Morton Prince is given, including his views on dissociation, sentiments and systems.

There follows an account of the beginning of psycho-analysis, with special reference to dream mechanisms, the pleasure-pain and reality principles, and infantile stages of sexual development from both the angle of erogenous zones and that of choice of object-love. After short reference to the Oedipus complex and super-ego formation, certain forms of object relationships are described, and finally notice is taken of the departures of Pfister, of Ferenczi, of Rank, and of Stekel. Next Adler's individual psychology is described, with its insistence on organ inferiority, the power instinct, general neurotic reactions, and the concept of masculinity. Then comes Jung's analytical psychology and association method, his interpretation of dreams, his views on the causation of neurosis, the libido, the characters of introversion and extraversion, and the collective unconscious. The important rôle of mental functions in the psychology of types follows, with a passing reference to the extension of analytical psychology into the realms of mysticism as carried out by Lorenz and Silberer.

The next section deals with Rivers's work, his application of the theory of protopathic and epicritic functions in the mental sphere, his classification of instincts, and the use made of his theories by Auden, and by Diblee. After a brief examination of introspection and the concept of consciousness, there is an outline of behaviourism and its reliance on the conditioning of inherited reflexes, and an indication of the varieties of schools of behaviourism. Consideration is then given to the synthesis of Watson, Freud and Jung found in Kempf's psychopathology, with its classification of mental diseases based upon the theory of segmental tensions in the autonomic nervous system.

This leads on to the functions and influence of the ductless glands in the determination of character and of psychopathic personality, and

then to certain biochemical and physiological considerations such as metabolism, the hæmoclastic crisis, the psycho-galvanic reflex, and eidetic imagery. Finally, some synthesis is attempted while dealing with Kretschmer's constitutional approach, the work of Ewald and of Spearman, and of the Italian morphological school; and the present-day confusion is noted and deplored.

The first appendix deals with the older conceptions of the "ego," and contains a more elaborate description of the psycho-analytical meanings attached to the terms ego, super-ego and id, with special emphasis on the occurrence and fate of anxiety and the production of psychoses. In the second appendix is a more detailed account of Jung's psychology of types with suggestions as to its possible application in mental hospitals, and in the third is a discussion of instinct theories with special regard to McDougall and social psychology.

There is a fairly full bibliography of recent works in English by authors mentioned in the preceding text, an index of names and an index of subjects.

2.—*Psychopathology and the Herd-Instinct.*—*Journal of Mental Science*, 1930. Pp. 389-418.

Summary of Argument.

In view of the importance of "instincts" in dynamic psychology, and the occasional invoking of a herd-instinct in psychopathology, an examination of the present position might prove profitable.

Apart from the authors who speak of instinct and instinctive behaviour in a general way, there are those who describe separate and specific "instincts." Amongst the latter, two groups can be discerned. Firstly, those who broadly follow McDougall and consider an instinct as an innate, narrow tendency prompting to limited immediate activity in presence of certain situations, and dormant in absence of appropriate stimuli. Then come the followers, near and distant, of the psycho-analytical schools who classify instincts according to their broad tendency, the ultimate goals which they achieve (instead of their immediate ones). They tend, in the absence of stimulation, to such states of tension as urge their possessor to seek those stimuli that will determine desired behaviour. In these views, the number of instincts delineated are few (e.g., ego, sex and herd) as compared to McDougall's fuller list. It is finally to be noted that many trends have been called "herd" or gregarious not because they urge *towards* gregariousness, but because they occur most *in* gregariousness.

On examining the views of some fifty representative authors on psychopathology, one is struck by the diversity of conception concerning the herd-instinct and by the limited use of it in explaining mental derangement. Especially does it become obvious that what is by many described as the herd-instinct is not an instinct at all, but a composite trend gradually acquired under the influence of an already organized community.

Viewing the position more critically, one would say that the concept of "broad" urges mentioned earlier includes more than what is merely instinctive, as these urges include acquired reactions as well. Further, though they may well help *to mould* conduct, they do not *cause* it; they are guiding rather than propelling forces, and in effect correspond rather to Morton Prince's "systems." As to the "narrow" instincts of McDougall, they do not always appear to rest on very secure grounds; many discrepancies are to be found in his theories, both as they relate to instincts in general and as regards a herd-instinct in particular.

Another aspect of the problem is this. If the idea of emergence and purpose, so prominent in current philosophy, be admitted, then what is the purpose of a herd-instinct if not a "group mind"? And what is there to lead up to a group mind if not a "herd-instinct"? In other

words, these two concepts, herd-instinct and group mind, seem to stand or to fall together, and any examination of the one is incomplete without an examination of the other. But on investigating the grounds on which the theory of a group mind rests, one does not find it to be any more secure than it was in the case of the herd-instinct. And when we consider the various phenomena of group life, especially those that are so peculiar to social herding, so unlike what obtains in individual life, that they have afforded a basis for the postulation of herd-instinct or group mind, we notice that nevertheless other psychological and psycho-analytical explanations have been offered that do solve the difficulty to a sufficient extent for regarding any further assumptions as unnecessary.

The conclusion is finally reached that although a herd-instinct may perhaps exist as an innate tendency towards gregariousness, it has become so modified in man, and obscured in its real effects by the growth of intelligence, that it has become a factor of diminishing importance. It would certainly be unjustifiable to ascribe to it such further qualities as might necessarily urge towards the innate observance of custom and law. We might in addition, retain the concept of a *herd-system*, applied to the appearance of unitary urge occurring when the single and separate instincts are acting together in complex ways to produce those results we are agreed to call social. At the most might this be regarded as an "orientating" factor, acquired through education, and therefore not innate, that moulds conduct without producing it, and is not endowed with any such dynamic force as is ascribed to instinct.

X.—FROM THE LONDON COUNTY MENTAL HOSPITAL, BANSTEAD.

Report on Research Work.—By Dr. A. A. W. PETRIE, F.R.C.S., D.P.M.

Various activities have been undertaken both by the staff of this hospital, and by the medical officers from the Central Laboratory.

I have, in connection with Dr. S. A. Mann, investigated "the results of Protein Shock Therapy with Milk on the Urinary Metabolism."

Dr. F. J. Fahy, D.P.M., is conducting some investigations in regard to "Dietetic Treatment in Epilepsy."

In addition, Dr. W. A. Caldwell, D.P.M., has given injections of urinary extractives in cases of senility.

No papers on the above have been published during the year, but I have published two papers on "Impressions of American Psychiatry" in the *Journal of Mental Science* and the *Proceedings of the Royal Society of Medicine*.

XI.—FROM THE LONDON COUNTY MENTAL HOSPITAL, BEXLEY.

Report of Work Carried Out by Dr. J. F. MacMAHON.—Communicated by Dr. G. CLARKE, Medical Superintendent.

The investigations noted in the report of last year were continued during 1930. The material available consists of the exceptionally large number of cases of chronic chorea associated with a psychosis which have been at Bexley Mental Hospital during the past three years.

Of these choreics at least nine appear to have been genuine cases of the Huntington variety. In the remainder the etiology is doubtful. In one case chorea tabo-paresis, a psychosis and a possible heredito-familial transmission of some of the factors are associated.

In addition to etiological and clinical investigations estimations of blood-sugars, urea, calcium, etc., have been carried out, and it is hoped that results will shortly be available for publication.

XII.—FROM THE LONDON COUNTY MENTAL HOSPITAL, CLAYBURY.

General Report.—By Dr. G. F. BARHAM, Medical Superintendent.

General Paralysis.—The treatment of general paralysis by pyrexia induced by injections of sulphur has been tested for over a year on all cases submitted for treatment, with the exception of a few cases treated by inoculation with malaria for special reasons. Although any conclusions based upon these cases would still be premature, the apparently favourable indications reported last year have not materialized, and it became evident that sulphosin applied in the manner prescribed by Dr. Schröder, of Denmark, even when higher doses were used than those recommended, failed to produce a sufficient temperature, and the pyrexial reactions were notably uncertain. The progress in the earlier cases was on the whole less favourable than that observed in similar cases under pyrexial treatment induced by malarial therapy.

During the last six months, colloidal sulphur has been substituted for sulphosin, with, so far as the pyrexial reaction is concerned, far more satisfactory results, and this experiment is being continued.

I have to report at this hospital a steadily diminishing admission rate from general paralysis during the last five years, with an even still more marked diminution in the death rate from this disease.

Dysentery.—During the year an outbreak of dysentery was investigated, a search being made for both dysentery and typhoid "carriers," sporadic cases of enteric fever having also occurred. *B. Flexner* was isolated in ten cases; *B. typhosus* in three cases; and *B. paratyphoid B.* from the others. One of the *B. typhosus* cases strongly indicates that this typhoid "carrier," who was formerly employed in the main kitchen, was responsible for some of the sporadic outbreaks of typhoid fever in the last years.

Excitability of the Respiratory Centre.—Dr. R. G. B. Marsh is continuing his research in conjunction with Dr. Golla, on the excitability of the respiratory centre. For this purpose he has again been seconded for a further period of two months.

Clinical Laboratory.—The work of the clinical laboratory shows a constant expansion and the specimens dealt with, in spite of the diminution of malarial blood films in the past year, have during this period totalled over 9,000. This tendency is being provided for by an extension of the accommodation of the laboratory, which is due to be carried out this year.

XIII.—FROM THE LONDON COUNTY MENTAL HOSPITAL, HANWELL.

Pathological Report.—By Dr. D. I. CAMERON, P.P.M., Pathologist.

In addition to routine examinations of urine, special examinations in the pathological laboratory have been:—

Urine, 527; faeces, 55; sputum, 51; other specimens, 15; blood (count, sugar, etc.), 14; throat swabs (for diphtheria), 80. Agglutination reactions: Sachs Georgi, 111, t.a.b., 70.

Possibility of Human Infection by Brucella Abortus (Bang) from Cows.

In December 1929 tests made by a representative of the Ministry of Agriculture showed that out of a herd of 77 cows there were 30 which gave a positive agglutination reaction in the blood to the *Brucella Abortus*. In addition there were 14 which gave a doubtful reaction, the remainder being negative.

On account of the recent publication of cases of infection by the *Br. abortus*, further tests were carried out in order to investigate whether the organism was responsible for any illness in the hospital.

Infection may occur either from direct contact with infected cattle or by the ingestion of infected milk.

This report relates almost entirely to the possibility of infection by direct contact with infected cows.

The agglutination reaction of the blood serum toward br. abortus was examined in the case of one paid hand and twelve patients who looked after the cows. One other patient who assisted refused to have blood withdrawn.

In every case there was a complete absence of agglutination. The suspension used was prepared by the Sir William Dunn School of Pathology, Oxford, and its activity was proved by testing a few cows. The results, both positive and negative, were in agreement with the findings of December 1929.

Ten of those patients had been employed on the farm buildings for many years, of the other two, one for eighteen months and the other for six months.

During the past four years (this figure was chosen arbitrarily) only two of the patients had had any illness (apart from an occasional boil or skin disease). One was in bed for two days following a fainting attack and one was in bed for a month following a slight hæmatemesis; during this month he had all his teeth extracted.

There is thus no evidence that any of these patients suffered in any way from daily contact with an infected herd.

The staff cowman suffers from chronic bronchitis, but so far as can be ascertained has not had any illness that could be attributed to the br. abortus.

Nothing definite can be said about the possibility of infection from the milk.

Attempts to cultivate the organism from the milk of infected cows have always failed, although the milk serum was found to give a reaction similar to that in the blood.

One negativistic patient who has been fed by œsophageal tube for two years, largely on milk, was found to give a negative reaction in his blood serum and he had not had any illness during that time.

Another patient who had an obscure illness, the symptoms being chiefly pulmonary, accompanied by an undulant fever, gave a negative reaction, the test being carried out after his recovery (about 6 weeks from onset).

XIV.—FROM THE LONDON COUNTY MENTAL HOSPITAL, HORTON.

A.—*General Report.*—By Lt.-Col. J. R. LORD, C.B.E., F.R.C.P.E., Medical Superintendent.

Analysis of Pathological Investigations.

Urine.—Examinations: Routine chemical, 4,190; bacteriological, 73; sugar estimations and examinations for acetone and diacetic acid, 987; diastase reaction, 37; urea concentration, 41.

Stools.—Complete examination for enterica organisms, *B. dysenteriae*, etc., 209; number containing *B. typhosus*, 2; *B. paratyphosus A.*, nil; *B. paratyphosus B.*, 1; *B. dysenteriae*, nil.

30 examinations for *B. tuberculosis* (3 contained T.B.); 23 examinations for occult blood.

Blood.—81 estimations for sugar content. 19 agglutinations for enterica group (two specimens contained agglutinins for *B. typhosus*; one specimen contained agglutinins for *B. paratyphosus B.*). 53 enumerations of red and white cells and differential counts; 14 estimations for urea content; three for culture.

Pus.—42 examinations for pathogenic organisms.

Throat swabs and culture for pathogenic organisms, including *B. diphtheriae*, 46.

Sputum.—81 examinations for T.B. and other pathogenic organisms.

Gastric Contents.—9 complete examinations.

Tissues.—309 histological examinations (including brain and spinal cord).

Post-mortem examinations were held on 76 patients.

X-Ray Department.

Activities in the X-ray department have increased considerably during the year. This department does radiography for the neighbouring L.C.C. mental hospitals.

The number of successful plates registered was 1,657, an increase of 1,039, and the total number of cases examined was 555, an increase of 97.

Actino-Therapeutic Department.—Dr. MARY E. TYARS, D.P.M.

Sixty-six patients received treatment, 31 under the carbon arc and 35 under the mercury vapour lamp. The former is used mainly for its general effects on the nutrition of debilitated patients and the latter for affections of the skin or for debilitated cases which are too ill, or otherwise unsuitable, for transport to the principal treatment centre, a duplicate of which is equipped but not yet opened for use.

Carbon Arc Lamp.

Conditions Treated.	Results.		Duration of Treatments.
	Improved.	Not Improved.	
Melancholia 12 ...	8	4 (left hospital)	10 weeks to 5 months.
Dementia praecox 4	2	2 (too resistive)	6 weeks to 4 months.
Delusional insanity 2	1	1	2 to 5 months.
Confusional insanity 5	5 (slightly)	—	3 to 5 months.
Acne 3 ...	—	3 (too resistive)	6 weeks to 4 months.
Marked debility 5 ...	3 (2 only slightly)	2 (too resistive)	2 to 12 months.

Mercury Vapour Lamp.

Conditions Treated.	Results.		Duration of Treatments.
	Healed.	Improved.	
Indolent ulcers 11	6	2	3 (too resistive) 4-56 exposures.
Severe dandruff 2	—	1	1 2-24 "
Weeping eczema 4	2	—	2 8-32 "
Cyanotic feet and swollen ankles 7	2	3	2 12-24 "
Acne 4 ...	—	2	2 2-56 "
Severe debility 2	—	1	1 6 months.
Alopecia 2 ...	1	—	1 16 exposures.
Scaling sores on legs 1 ...	—	—	1 16 "
Old cellulitis 1 ...	—	—	1 16 "
Rheumatoid arthritis 1 ...	—	—	1 24 "

Blood counts of twenty-three patients were made.

The main cause of failure is the resistive or impulsive nature of the patient which curtails the number of treatments given, but apart from this the effect of the light was an improvement in the majority of cases. Of the four miscellaneous cases which failed to respond to mercury vapour treatment, 3 had been variously treated and the light was used as a last resort.

General Paralysis, Malarial Therapy Department.—Dr. W. D. NICOL, D.P.M.

Treatment combined with experimental and research work continues in co-operation with Colonel S. P. James, of the Ministry of Health.

The accommodation at C. Hospital is shortly to be increased by 10 beds, when the laboratory accommodation will also be larger.

Mr. P. Shute, senior laboratory assistant from the Ministry of Health, is in charge of the laboratory and the technical side of the mosquito work involved. He is assisted by two women laboratory workers.

The treatment centre has been kept full during the year. In all 50 cases have been treated, 28 with benign tertian and 9 with quartan; in addition a strain of sub-tertian malaria has been employed in 15 cases. The benign tertian cases were infected by mosquito bites, but the quartan strain has been maintained by blood to blood inoculation. The sub-tertian strain has been maintained by blood inoculation, and in a few cases mosquitoes have been employed. Serological reactions for g.p.i. were positive in all cases.

Of the 28 cases treated with benign tertian malaria, 6 have been discharged recovered and 4 are out on trial at the time of writing this report. Of the 18 remaining in hospital 8 have definitely improved, 6 show no change, while 1 has deteriorated and 1 died some 3 months after treatment; 2 have been transferred to other hospitals.

Of the 9 quartan, 1 has been discharged relieved and another is out on trial. Of the remaining patients 3 improved and the others show no appreciable change. It must be noted however that this strain has been employed in a much older and more advanced type of case, and it is interesting to record that quartan malaria can be safely given to patients of this type.

Sub-tertian malaria has been employed in a few primary cases but chiefly as a means of giving patients already treated with benign tertian, another species of malaria.

Of the 7 primary cases of sub-tertian, 1 is on trial and three have definitely improved. As regards other cases treated for the second time it is too early to estimate the degree of mental improvement.

The mortality rate is still extremely low. Of the benign tertian cases only 1 death has been recorded and that three months after treatment. No deaths have occurred amongst the quartan cases. In the sub-tertian cases there were 2 deaths, both of which however occurred after treatment was terminated. One had cerebral seizures and the other case was found to have an inoperable carcinoma of the bladder.

As stated in previous reports the necessity for getting cases early for treatment continues to be emphasised.

B.—Disorders of the Thyroid Glands and Mental Disease.—A Research by Dr. RUBY T. CARR, D.P.M., under the direction of Mr. C. A. JOLL, F.R.C.S.

In December 1930 the state of the thyroids of 1,793 women and 271 men (total 2,064) was investigated by Dr. Ruby T. Carr, Surgical Assistant and Resident Gynæcologist, her findings being confirmed in each case by Mr. Joll, Consulting Surgeon. The thyroids were found to be normal in the case of all the men, who are mainly chronic cases of the harmless or working type. In the case of the women 78 showed disorder or disease of the thyroid. In these cases there existed either a nodular adenoma, diffuse nodular enlargement, diffuse goitre or cystic or colloid

disease. In some cases both lobes were involved, in others only one. It was noted, however, that when one lobe was enlarged it was in the great majority of cases the right one. The correlation of these thyroids with the mental state was as follows:—

Schizophrenia and paranoid reactions	...	...	...	...	...	47
Manic depressive psychosis: (12 being melancholia)						16
Senile psychoses	...	...	...	...	...	5
General paralysis	...	...	...	...	...	5
Mental defect	...	...	...	...	...	2
Idiopathic and organic epilepsy and obsessional psychosis: (1 each)	...	...	...	...	...	3
						<hr/> 78 <hr/>

Surgical treatment was undertaken in five cases. The mental state improved in three of these, there being no change in the others. The physical health improved in all cases. The origin of the condition was deemed to be toxic in 10 cases. There was ex-ophthalmia and other nervous symptoms in seven cases.

C.—*Special Psychological Research.*

A team of psychological workers headed by Dr. Wm. Stephenson of the University College under the direction of Professor C. Spearman, with whom are associated—mainly for investigating psychical correlates—several members of the resident medical staff have been working at this hospital since February, 1930, on the various factors which are the subject of a book by Professor Spearman, entitled “The Abilities of Man.”

A full account of the progress made is being prepared, but it may now be said that the results are very encouraging and are likely to be a distinct advantage in clinical psychiatry.

XV.—FROM THE LONDON COUNTY MENTAL HOSPITAL, WEST PARK.

Report on Research Work.—By Dr. N. ROBERTS, O.B.E., D.P.M., Medical Superintendent.

The following investigations have been undertaken but have not yet been completed:—

(i) An investigation of the value of Sulfosin in the treatment of Dementia Præcox.—Dr. W. McCARTAN, D.P.M.

(ii) Investigation of Stretch Reflexes with special reference to the action of drugs on Parkinsonism.—Dr. H. A. COOPER.

(iii) Sulphur Therapy in General Paresis.—Dr. S. LE ROY SWITZER.

XVI.—FROM THE CENTRAL PATHOLOGICAL LABORATORY OF THE LONDON COUNTY MENTAL HOSPITALS.

Report on Research Work.—By Dr. F. L. GOLLA O.B.E., F.R.C.P., Director.

During the past year the routine work of the Central Pathological Laboratory has been increased by the accession of mental hospitals formerly under the Metropolitan Asylums Board.

Research work has been pursued on the lines of that undertaken during the previous year by the Director and his staff. Investigations have been made on the electrical capacity of the human body by Dr.

Brazier, holding a grant from the Medical Research Council, and Dr. Hurst, the Maudsley research scholar, has continued his investigations on the physical properties of the blood.

The following papers have been published during the past year:—

1. The Protein Partition of the Serum in General Paralysis of the Insane, with special reference to Treatment.—By W. OGDEN, M.R.C.S., L.R.C.P., D.P.M., *Journal of Mental Science*, October, 1930.
2. The Organic Acids of the Cerebrospinal Fluid.—By R. H. HURST, Ph.D., B.Sc., A.I.C. *Journal of Mental Science*, January, 1931.
3. Investigations into the Prolonged Treatment of General Paralysis with Tryparsamide.—By THOMAS TENNANT, M.D., D.P.H., D.P.M. *Journal of Mental Science*, January, 1931.
4. The Wassermann Reaction in Mental Hospital Practice.—By S. A. MANN, D.Sc., F.I.C., and F. PARTNER. *London C.C. Publications*, No. 2820.
5. Report of 579 cases of General Paralysis treated by malaria in the London County Mental Hospitals. By W. A. CALDWELL, D.P.M. *London C.C. Publications*, No. 2821.

XVII.—FROM THE CHESHIRE COUNTY MENTAL HOSPITAL, CHESTER.

A.—*Acidophilus Milk Therapy*.—By Dr. ISABELLA A. GILLESPIE, D.P.M., Deputy Medical Superintendent.

This investigation was prompted by a study of the work of Kopeloff (1) on the lactobacillus acidophilus and also by an article by Shera (2) in which he states that a large percentage of mental patients show deficient acidophilus content.

Six cases of melancholia were selected for special investigation and treatment.

These all showed in varying degrees:—

- (1) Anxiety or agitation.
- (2) Marked depression.
- (3) Constipation of prolonged duration with clinical and X-ray evidence of visceroptosis, delay in gastric and intestinal function, and signs of intestinal toxæmia.

Repeated bacteriological examinations of the fæces were carried out both before and during treatment, these with special reference to the proportion of aciduric organisms (particularly l. acidophilus). The results are summarized in the accompanying table.

A detailed clinical record has been kept in every case.

Treatment.—The milk is prepared as follows:—

Certified Grade "A" milk is obtained, the cream separated, and the remainder of the milk sterilized under pressure, and allowed to cool.

It is next inoculated from a 24 hours' old culture of l. acidophilus (strain 1723 b. acidophilus Moro), the original strain having been obtained from the National Collection of Type Cultures.

The milk is then incubated for about 12 hours, after which gram stained films are examined.

It has been found by experiment that the most suitable culture is one of such a strength that 2 or 3 organisms are found per field (using 1/12in. oil immersion lens). Any heavier growth invariably caused clotting of the milk.

The milk at this stage is ready for administration. It should be fluid in consistency and of a tolerably pleasant taste.

One and a half to two pints of this prepared milk is fed to each patient daily being given in two doses in the intervals between meals. No alteration is made in the ordinary diet.

Results.—The following are brief notes on each case. These are necessarily incomplete as the investigation is still proceeding.

Case 1.—Mental recovery complete, but probably due to other factors in addition to the milk therapy. The latter, however, was of undoubted benefit in relieving the condition of intestinal toxæmia.

Case 2.—Showed distinct mental improvement during the treatment, but relapsed when this was discontinued owing to an attack of bronchitis. Constipation was greatly relieved, aperients being altogether unnecessary, although constantly required previously.

Case 3.—No mental improvement. Improvement in bowel condition similar to above. Aperients required for first few weeks of treatment, but now quite unnecessary.

Case 4.—No mental improvement. Improvement in bowel condition as above.

Case 5.—Slight mental improvement. Bowel condition relieved and aperients unnecessary.

Case 6.—Marked mental and physical improvement. This patient has only been under treatment for one month.

Although in each case there was formerly severe constipation, a natural evacuation is now obtained at least once, and frequently twice or thrice daily.

Aciduric Organisms in Faeces.

Mental State.	Constipation.	Before Treatment. Per cent.	During Treatment. Per cent.	Duration of Treatment.
<i>Case 1.</i> —Recovered.	Completely relieved.	5	20	3 months
<i>Case 2.</i> —Relieved during treatment. Relapsed when treatment was discontinued.	Aperients not required for first time in many years.	3—5	40	1 month
<i>Case 3.</i> —Unimproved.	Relieved.	3	10	4 months
<i>Case 4.</i> —Unimproved.	Relieved.	30	30	4 months
<i>Case 5.</i> —Slight improvement.	Relieved.	Nil	30	4 months
<i>Case 6.</i> —Marked improvement.	Relieved.	Nil	10	1 month

N.B.—In Case 1 the percentage refers to all aciduric bacteria. In every other case the figure refers to actual acidophilus bacilli.

(1) Kopeloff, N. "*Lactobacillus Acidophilus.*" Williams & Wilkins Co., Baltimore Md., 1926.

(2) Shera, Geoff. *Journal Ment. Sc.*, Vol. lxxxvi, No. 312, Jan., 1930.

B.—Aural Sepsis in Relation to Mental Disorder.—By Dr. A. McCAY, F.R.C.S.Ed., Consulting Aurist, and Dr. F. H. HEALEY, D.P.M., Senior Assistant Medical Officer, County Mental Hospital, Chester.

The subject of aural sepsis as a factor in the production of psychosis has received special attention by T. C. Graves (1, 2, 3). He has analysed two series of cases of acute mental disorder, and found 31.7 per cent. in the first series and 42.1 per cent. in the second series to have aural sepsis, chronic otitis media occurring most frequently. He discusses the relationship of ear diseases to auditory hallucinations, showing that such hallucinations may be associated with either the healthy or the diseased ear.

H. Shaheen (4) has described a case of mastoiditis associated with mental symptoms, in which recovery from the mental symptoms followed operation for the relief of the mastoiditis.

The following case seems worthy of record because recovery from mental symptoms followed the removal of the septic focus, auditory hallucinations were present on the sound side and ceased after operation, and finally it proves the great value of team-work in the diagnosis and treatment of cases of mental disorder.

J. K—, æt. 32, married, bricklayer, admitted April 23rd, 1930. Mental state: Said to have been out of sorts some weeks, but more acutely ill during last week. In a state of restlessness with clouding of consciousness. Speech confused and incoherent. Disorientation in space and time. Talks continually to voices of his enemies, which voices he hears in sound ear. Has some vague non-systematized delusional formation relating to religion, persecution and Royalty. Personal history: Had right ear discharge for first time in 1915, with marked increase of discharge and discomfort in last six months. Family history: No mental disorder traced.

Physical state.—Well-built man, but sallow and emaciated.

Circulatory system.—Pulse 76, regular; vessels palpable.

Heart.—Normal in size, mitral systolic murmur present.

Blood-pressure.—128/80.

Alimentary system.—Tongue very coated; constipated.

Respiratory system.—Bronchitis. X-ray screening: No evidence of pulmonary tuberculosis.

Central nervous system.—Right pupil larger than left; reacts poorly to light and for convergence. Slight lateral nystagmus. Slight weakness of left side of face. Left knee-jerk slightly increased. C.s.f. Wassermann, negative. Cells 30, lymphocytes. No increase of protein. Gold curve, 111,001,000,000.

Blood.—Wassermann negative. Blood count: Erythrocytes 4,900,000, white cells 6,600, haemoglobin 80 per cent.; differential count—polymorphs 53, lymphocytes 41, large mononuclears 3, eosinophiles 2, mast-cells 1. Film: Normal. Urine: Trace of albumin; no casts.

June 5th, 1930: *Examined by Mr. McCay.*—"Left ear normal. Right ear foul-smelling purulent discharge (which gave a pure culture of the *B. proteus*). Bulging posterior meatal wall. Membrana tympani destroyed and replaced by granulations. Completely deaf in right ear when tested with Bárány's noise-box in good ear. Slight spontaneous nystagmus on looking to opposite side. No response to cold-caloric. X-ray showed marked sclerosis of right mastoid."

June 9th, 1930: "*Radical mastoid operation performed.*—Very dense sclerosis of cortex. Antrum enlarged and filled with cholesteatomatous material. Aditus very much enlarged. Tympanic cavity filled with granulations. Flap operation performed and post-auricular incision closed. No skin-flap."

There was no abatement of the excitement and confusion up to the time of the operation. Within a few days improvement was noted. There was less clouding of consciousness and speech became more coherent. His general condition gradually improved. He was allowed to get up at the end of July. He was then free from hallucinations and his conduct was normal. He was discharged recovered on August 19th, 1930. He then affirmed that he felt better, physically and mentally, than he had done for the last ten years. He is now at work and in excellent physical and mental health (November, 1930).

Seen by Mr. McCay, August 12th, 1930: "Cavity completely lined with epithelium and dry. Patient looked a new man and said he never felt better. Very grateful and pleased."

We claim that this was a case of acute confusional insanity, due to septic focus in right ear, and that the mental recovery was due in great part to the cleaning out of the septic focus and the establishment of good physical health.

We are indebted to Dr. G. Hamilton Grills, Medical Superintendent, for permission to publish the details of this case.—*Journal of Mental Science*, January, 1931.

References.—(1) GRAVES, T. C., *Journal of Mental Science*, 1923, lxi, p. 465.—(2) *Idem, ibid.*, 1925, lxxi, p. 658.—(3) *Idem, ibid.*, 1927, lxxiii, p. 563.—(4) SHAHEEN, H., *Journ. Laryngol. and Otol.*, 1928, xliii, p. 580.

XVIII.—FROM THE CHESHIRE COUNTY MENTAL HOSPITAL, MACCLESFIELD.

A.—Laboratory Investigations.—By Dr. H. STAFFORD, D.P.M.

The total number of investigations carried out in the pathological laboratory during 1930 was 1,876; a summary of these is appended:—

Routine urine examinations, 1,277; bacteriological examinations: urine, 5, faeces, 52, sputum, 25, pus, exudates, etc., 44; blood counts, c.s.f. examinations, etc. 14; examination of blood films for malarial parasites, 8; tissue sections for microscopical examination, 230; agglutination reactions of blood serum, 59; Wassermann reactions of blood and c.s.f., 162.

There again occurred a few cases of dysenteric infection in two male wards, the stools containing obvious blood and mucus, with slight pyrexia at the commencement of the attack. The causative organism in these cases was bac. dysenteriae Flexner; agglutination reactions indicated type "V" in all cases except one, which appeared to be type "Y." Other cases of diarrhoea have been fairly frequent; these have sometimes been accompanied by stools containing a trace of mucus with only microscopical evidence of the presence of a few erythrocytes, and sometimes the only faecal abnormality has been a fluid consistency. From these faeces b. alkaligenes was isolated three times, ps. pyocyaneus on three occasions, and in others the only cultural abnormality was a much increased growth of streptococci.

There was a small outbreak of acute gastro-enteritis in one of the male wards in January; from the faeces of two of these cases was isolated an organism which exhibited the following cultural reactions:—

Lactose—acid and slight gas after 7 days.	Indol ...	+ ve.
Saccharose—O. Voges-Proskauer	... ..	— ve.
Glucose—acid and gas. Methyl Red	... ..	+ ve.
Maltose—acid and gas. N.H. 3	... ..	— ve.
Mannite—acid and gas. Methylene Blue.		
Reductose	... ..	+ ve.
Dulcite—acid and slight gas. Catalase	... ..	+ ve.
Litmus Milk—Acid; no clot in 15 days.		
Non motile.		

This organism was agglutinated by the serum of two of the cases at a dilution of 1 in 80; it was not agglutinated by the following sera: B. enteritidis, Newport, Aertryck, paratyphosus A., B. and C. The source of infection was not traced.

A single case of acute enteritis in a female patient occurring in October was found to be caused by B. enteritidis (Gærtner).

In the urinary examinations granular casts continue to be very frequently found. A few cases of transient glycosuria occurred. In four cases cultural examinations of catheter specimens showed the presence of infection of the urinary tract, the organisms isolated being B. coli communior (2 cases) B. acidilactici, and Straph. aureus.

Only one fresh case of tuberculous infection occurred during the year—unfortunately a very acute pulmonary infection with rapid death from miliary dissemination.

Other infective conditions with which the laboratory was concerned were three cases of diphtheria, apparently imported by a patient's relatives living in Macclesfield where the disease was at the time epidemic, a case of Vincent's angina, and an outbreak of crural ringworm infestation in two of the male wards.

A male primary dement developed typical pernicious anæmia during the year, with rapid improvement under treatment by raw liver, the red count rising from 1,832,000 to 5,096,000 in two months.

Of the new admissions during the year 9 male and 6 female patients gave a positive Wassermann reaction of the blood serum—9.57 per cent. of the total male and 4.35 per cent. of the total female admissions, compared with 14.29 and 5.26 respectively for the previous twelve months.

During the year the laboratory undertook the bacteriological work required by the Macclesfield Public Health Authority, and investigations of specimens for practitioners resident in the district. Under this category 551 reports were furnished, with a revenue of £110 3s. 9d.

B.—The Relation of the Cause of Death to the Type of Insanity.—By Dr. L. C. F. Chevens, D.P.M.

Last year the results were published of the examination of the case sheets of 361 patients dying between the years 1910-1921. This year the case sheets of patients dying between 1921 and 1931 have been examined, and, neglecting cases with a doubtful diagnosis and cases of senile dementia, general paralysis and confusional insanity, the cause of death and the type of mental disease have been correlated in 407 cases. This year, also, the average age at death of each group has been worked out. The year 1929, in the early months of which was an influenza epidemic, has been included, and commented on separately, although in the last series of cases the year of the influenza epidemic, 1918-19, was neglected.

The following are the groups of cases dealt with:—

TABLE I.

Schizophrenia	...	...	...	...	...	...	...	53
Paranoid State	...	...	...	...	...	...	...	60
Melancholia	...	...	...	...	...	...	...	88
Mania	...	...	...	...	...	...	...	43
Manic-Depressive Insanity	...	...	...	...	...	...	...	19
Insanity with Epilepsy	...	...	...	...	...	...	...	46
Idiocy or Imbecility with Epilepsy	...	...	...	...	...	...	...	39
Idiocy or Imbecility	...	...	...	...	...	...	...	40
Post Encephalitic Insanity	...	...	...	...	...	...	...	5
*Dementia	...	...	...	...	...	...	...	14

* In connection with the Influenza epidemic, 1929.

Table II shows the causes of death, the number in each group of insanity dying from the various causes, and the total deaths from each cause. Cardiac disease has been subdivided into two groups, the first in which myocardial degeneration not secondary to gross valvular disease was the cause of death (this group consists largely of myocardial changes resulting

from arterio-sclerosis) and the second in which valvular disease was the cause of death.

TABLE II.

Schizophrenia.	Paranoid State.	Melancholia.	Mania.	Manic-Depressive Insanity.	Insanity with Epilepsy.	Idiocy or Imbecility with Epilepsy.	Idiocy or Imbecility.	Post Encephalitic Insanity.	Dementia.	Total.	
6	20	33	16	7	12	3	2	1	—	100	Cardiac Disease.
2	13	21	2	3	4	3	2	1	—	51	Myocardial Degeneration.
4	7	12	14	4	8	0	0	0	—	49	Valvular Disease.
7	9	6	5	2	5	12	11	1	7	65	Pneumonia.
6	5	5	5	2	4	7	7	1	—	42	Primary.
1	4	1	0	0	1	5	4	0	7	23	Secondary.
26	6	6	0	1	2	2	11	0	—	54	Tuberculosis.
3	3	18	12	3	4	3	1	0	—	47	Chronic Nephritis.
2	12	7	2	2	1	1	1	0	—	28	Malignant Growths.
—	—	—	—	—	11	8	—	—	—	19	Status Epilepticus.
0	4	6	3	0	0	0	1	0	—	14	Cerebral Haemorrhage.
3	1	1	1	1	0	4	3	0	—	14	Colitis and Dysentery.
0	2	0	0	1	1	1	0	0	7	12	Influenza.
3	1	1	0	1	0	2	1	1	—	10	Typhoid Fever.
0	0	2	1	0	0	1	2	0	—	6	Intestinal Catastrophes.
—	—	—	—	—	4	0	—	—	—	4	Epilepsy.
1	1	1	0	0	1	0	0	0	—	4	Acute Cholecystitis.
0	0	1	0	0	0	0	2	1	—	4	Pyelonephritis and Pyonephrosis.
1	0	0	0	0	1	1	0	0	—	3	Meningitis.
0	0	1	2	0	0	0	0	0	—	3	Cellulitis.
0	0	1	0	0	1	0	0	0	—	2	Ischio-rectal Abscess.
0	0	1	1	0	0	0	0	0	—	2	Diabetes.
0	0	1	0	0	0	0	1	0	—	2	Acute Spreading Gangrene.
0	0	0	0	0	0	0	1	0	—	1	Scarlet Fever.
0	0	0	0	0	0	1	0	0	—	1	Bronchitis.
0	0	0	0	0	0	0	0	1	—	1	Bronchiolectasis.
0	0	0	0	0	0	0	1	0	—	1	Empyema.
0	0	1	0	0	0	0	0	0	—	1	Cystitis.
1	0	0	0	0	0	0	0	0	—	1	Gastro-Intestinal Intoxication.
0	1	0	0	0	0	0	0	0	—	1	Acute-Exfoliative Dermatitis.
0	0	0	0	0	1	0	0	0	—	1	Acute Suppurative Parotitis.
0	0	0	0	0	0	0	1	0	—	1	Ovarian Cyst.
0	0	1	0	0	0	0	0	0	—	1	Acute Haemorrhagic Pancreatitis.
0	0	0	0	0	1	0	0	0	—	1	Pernicious Anaemia.
0	0	0	0	0	0	0	1	0	—	1	Pulmonary Apoplexy.
0	0	0	0	0	1	0	0	0	—	1	Lymphadenoma.
0	0	0	0	1	0	0	0	0	—	1	Perinephritic Abscess.

Pneumonia has also been subdivided into two groups, i.e. (1) cases of primary pneumonia, chiefly lobar pneumonia, and (2) cases of secondary pneumonia, chiefly broncho-pneumonia and including the influenzal pneumonias.

The average age at death of each group is shown in:—

TABLE III.

						years.
Idiocy or Imbecility with Epilepsy	...	...	...	...	...	35
Post-Encephalitic Insanity	...	...	...	...	...	36
Idiocy or Imbecility	...	...	...	...	...	40
Schizophrenia	...	...	...	...	...	41
Insanity and Epilepsy	...	...	...	...	...	48
Mania	...	...	...	...	...	56
Manic-Depressive Insanity	...	...	...	...	...	58
Paranoid State	...	...	...	...	...	66
Melancholia	...	...	...	...	...	67
Dementia	...	...	...	...	...	70

Comments.—Noteworthy points in the present group of cases, as compared with the 1910-1921 group, are the displacement of tuberculosis from its position as principal cause of death, the great diminution of colitis and dysentery as causes of death (1910-21, 45 of 361—12 per cent.—deaths caused by colitis; 1921-31, 14 of 407—3 per cent.—deaths caused by colitis) and the increased number of deaths caused by malignant growths (28 of 407—7 per cent.—as compared with 11 of 361—3 per cent.). Had the arbitrary periods covered by the investigation been fixed so that the present period commenced after 1923, the decline in the death rate from tuberculosis and colitis would have been very much more marked, for of the 54 cases dying of tuberculosis, 32 died in the three years ending 1923 and only 22 in the $7\frac{1}{4}$ years since then, and of the 14 colitis cases, 12 had died by the end of 1923, so that colitis and dysentery as causes of death have been practically non-existent for the last $7\frac{1}{4}$ years. The beginning of the great decline in deaths from these two causes coincides with a substantial increase in diet, made in 1922, when, among other increases, butter, bacon and porridge were added to the dietary. The large, heated verandahs for the open-air treatment of cases of tuberculosis have also contributed largely to the present happy state of affairs.

The increased death rate from malignant growths agrees with the increase shown for the whole population by the Registrar General.

Attention was drawn in the report last year to William A. White's work* on the correlation of the cause of death and the type of mental disorder, in which he stresses the necessity for regarding the organism as a whole and looking for comparable reactions at the psychic, somatic and social levels. He describes schizophrenia as a noncompensatory psychosis and compares the steadily deteriorating mental reaction of the schizophrenic with his physical inability to react to chronic infection. As the direct opposite of this type of reaction he postulates a "proliferative type of reaction" in the paranoid and cycloid types of mental disorder and compares the growth of a group of cells at the expense of the body at the somatic level with the growth of a delusional system at the expense of the personality at the psychic level. This conception of the organism is in harmony with Kretschmer's correlation of physique and character and the present findings tend to support it.

As in the last series of cases the largest number of deaths from tuberculosis in any one group was in the schizophrenic group (characterized by a non-compensatory mental reaction and a non-fibrosing physical reaction). This group provided 48 per cent. of the deaths from that cause. The paranoid group only provided 11 per cent. of deaths from tuberculosis, but provided 43 per cent. of the deaths from malignant growths. Only 7 per cent. of patients dying from malignant growths were suffering from schizophrenia.

* "The Social Significance of Mental Disease," W. A. White, *Arch. of Neur. and Psychiat.* 12.5.873. November (1929).

This may be thought to be largely due to the difference in the average ages of death, but that this is not the whole cause can be seen from the fact that the average age of death of the melancholics is the same as that of the paranoid cases and only 8 per cent. of melancholics died from malignant growths, but 20 per cent. of paranoid cases died from this cause. On the other hand 20 per cent. of melancholics died from chronic nephritis as compared with 5 per cent. of paranoid cases. With this is possibly related the fact that the blood pressure of melancholics is higher than the blood pressure of paranoid cases.

The findings in the present series of cases agree with those of last year, that epileptic imbeciles are particularly prone to die of primary pneumonia and colitis. The finding that epilepsy claims a greater proportion of victims among cases of insanity with epilepsy than among epileptic imbeciles (the latter dying earlier of infections) is also confirmed.

The average ages of death are what would be expected. The epileptic imbeciles die the earliest, being born with weak physical constitutions (the equivalent at the somatic level of mental weakness) which are unable to sustain the added strain of recurring fits, the non-epileptic imbeciles living a little longer and dying at about the same average age as the schizophrenics, whose life force seems to peter out round about 40. Finally, among this group of patients suffering from congenital defects affecting the organism in early life are the cases of insanity with epilepsy, who appear unable to withstand the strain of epilepsy beyond the fifth decade. Cases of mania, manic-depressive insanity, paranoid cases and melancholics are cases who have been able to react with varying degrees of efficiency to the stress of their environment and their length of life seems to be some measure of the degree of this reaction. Post-encephalitic insanity, being the result of an infection of the central nervous system, should have been excluded from this series on the same grounds as general paralysis, and has no bearing on the general argument. Only one case was of particular interest, the case which died of bronchiolectasis. This was a boy of fifteen, who was subject to paroxysms of rapid breathing, accentuated by emotion.

Deaths from influenza and influenzal pneumonia were included to show how in this epidemic (1929) mortality was almost confined to aged demented and imbeciles. Of the 23 deaths recorded, 14 were those of demented (mostly admitted in a demented state) and 5 were imbeciles (2 with epilepsy). The average age at death of the cases dying during the epidemic was 70 years for the demented, and 35 years for the imbeciles.

In conclusion, White's statement that schizoid patients are peculiarly liable to intestinal catastrophes owing to their asthenic type, with its long intestinal tract and flabby musculature, was again not confirmed, no schizophrenic dying from volvulus, non-malignant obstruction, appendicitis, or gastric or duodenal ulcers. The same result was obtained in the last series, so no schizophrenic has died of an intestinal catastrophe during the last twenty years.

C.—*Family History*.—By Dr. E. A. HASLAM FOX.

The recent questionnaire issued by the authority of the Royal Medico-Psychological Association, apropos sterilization of the unfit as a means of reducing the incidence of insanity, has prompted an investigation into the family history of the 1,033 patients admitted to this hospital during the five years ending December 31, 1929.

The table is compiled from the answers given to the question, "Have any of the patient's relatives been affected in mind, melancholy, eccentric or weak-minded, or subject to epileptic or other fits, or paralysis?" which is set down on the history sheet sent out to a relative after the admission of a patient.

Some state that another member of the family is or has been in a mental hospital, presumably certified; some reply, "father melancholy,"

“brother suffered from fits since childhood”; some answer, “mother”; others record suicide of a parent; a few merely answer “yes”; the remainder “no” or “not known.” It can be assumed that some deliberately hide the fact of insanity in the family, for more than one case has come to light in which a relative of the patient has been an inmate of this hospital, yet the reply to the question has been in the negative.

Of the 1,033 patients admitted in the quinquennium, 283 have relatives, in all 331, who have been stated to suffer from some mental aberration, and these are grouped in the following manner:—

			Certified.	Not stated Certified.	Suicide.	Relationship not stated.
Parents	--	--	22	65	15	—
Grandparents	--	--	5	4	1	—
Brothers	--	--	34	67	6	—
Sisters	--	--				
Children	--	--	5	4	—	—
Uncles	--	--	13	42	3	9
Aunts	--	--				
Cousins	--	--	9	20	1	—
Nephews	--	--	—	6	—	—
Nieces	--	--				
Total 331.						

Four relatives in column 2 are stated to have attempted suicide. Of the total 331, nearly 10 per cent. have attempted to or have committed suicide.

Without including replies which would be positive, were it not for deliberate hiding of the fact, or from lack of knowledge of every member of the family tree, the proportion of relatives, suffering from some degree of mental affliction, to the number of patients admitted is nearly 1 to 3.

It is reasonable to surmise that several members of columns 2 and 3 were certifiable, in the former case from such descriptions as “Sister died of paralysis of the brain,” “Brother subject to melancholia with delusions,” in the latter from their action.

XIX.—FROM THE OXFORD COUNTY AND CITY MENTAL HOSPITAL.

Report of Research.—By Dr. T. S. Good, O.B.E., Medical Superintendent.

Physical Constitution and Types in Mental Disorders.—During the year 1930 research at this hospital has been carried out in continuation of that which has already been prosecuted in previous years. Attention has been chiefly directed to the correlation of indices obtained from anthropometrical measurement studies to types of mental illness. The lines of this research have been suggested by those which were somewhat similarly carried out by Hesketh and Wertheimer in America. Their methods and conclusions were published in 1926 in a monograph entitled “The Significance of the Physical Constitution in Mental Diseases.”

Certain modifications and elaborations in method and inference, however, have been gradually evolved and adopted in relation to the work as carried out at this hospital. In particular, two points appear worthy of mention:—

(1) Hesketh and Wertheimer omitted to give their results in relation to measurements executed upon the 31 females they examined, bringing forward only those obtained from the investigation of 65 males. The reason they advanced for this omission was that they found the results in the former cases were not strictly comparable to those obtaining in the latter cases.

At this hospital we have found that the indices in the female work out at a slightly higher figure. It is, on an average, 50 units more and is

found to be so constantly so that, if this variation is borne in mind, it is possible to make such a comparison.

(2) Hesketh and Wertheimer do not explicitly state what anatomical points and landmarks they chose in taking the measurements necessary to obtain the index. We have therefore been forced to find our own. This has been done gradually, and we now feel that some definition and accuracy has been obtained.

Hesketh and Wertheimer's formula for obtaining the Index has been used without modification, and is as follows:—

$$\frac{\text{Leg Length} \times 1000.}{\text{Transverse Chest Diameter} \times \text{Sagittal Chest Diameter} \times \text{Trunk Height.}} \times 100.$$

Our anatomical points for these measurements are as follows:—

Leg Length.—Distance from tip of Great Trochanter to tip of Ext. Malleolus.

Transverse Chest Diameter.—Distance between the points of intersection of the two mid-axillary lines with the horizontal circumference drawn through the tip of the spine of the fifth dorsal vertebra.

Sagittal Chest Diameter.—Distance between the tip of the spine of the fifth dorsal vertebra, posteriorly, and the corresponding horizontal point anteriorly.

Trunk Height.—Distance between the supra-sternal notch and the symphysis pubis.

We have found that it is best to take the chest measurements at the points above stated, as there the movements of the chest wall in respiration are less evident, and in consequence do not tend to introduce inaccurate variations.

All measurements have been taken in centimetres and by means of calipers. It has been found to be more satisfactory to measure the subjects standing with the occiput, shoulders, and heels being in close contact with a wall. In the case of the sagittal chest diameter the subject may sit upright on a stool.

The results quoted below were obtained as the outcome of the examination of 56 females. All are under the age of 60 (to eliminate the inaccuracy in indices consequent upon the body changes accompanying senility). Four idiots who were admitted during the year are for like reasons omitted. The indices vary between 150 and 400 and are subdivided as suggested by Hesketh and Wertheimer into the following three groups:—

Indices from 150 to 250.	<i>Pycnics.</i>
„ „ 250 to 350.	<i>Pycnoid.</i>
„ „ 350 to 400.	<i>Asthenics.</i>

It is found, moreover, that where the index works out at a low figure the type of mental disorder belongs to the manic-depressive type, and where it reaches the higher figures it corresponds with the schizophrenic type. It is interesting also to note that, where the indices show decidedly dysplastic types, these cases are usually found to be congenital mental defectives (which has been verified by submitting such cases to a point-scale test to estimate the intelligence).

The foregoing points are best seen in tabular form as below:—

Index.	Manic-depressive.	Schizophrenic.	Feeble-minded.
150-250 —	13	5	1
250-350 —	3	15	3
350-400 —	—	12	4

Gold-sol Problem.—Apart from the clinical routine examinations, the research carried out during the last year was mainly centred on the gold-sol problem. The latter is still far from a satisfactory solution as appears patent to probably most workers concerned with it. A method of sero-diagnosis of general paralysis has been elaborated and has been published in the issue of the *British Medical Journal* of May 31st. The method, though it furnished very striking results, stands in need of further investigation and elaboration, as factors enter into play which at the present time seem beyond control. We expect a lasting result of these researches to be the proved fact that a body of low molecular weight, soluble in glycerin, produces instant coagulation in a "sensitized" gold-sol. The "sensitization" of the gold-sol was brought about by acidifying with dilute hydrochloric acid. A number of partly yet unpublished facts led us to the conclusion that the primary pathological change in general paralysis may be sought for in an abnormal colloidal condition of the blood-serum caused by the metaluetic process. If this be so, it would provide a further argument for early malarial treatment and possibly open up an avenue for preventive treatment of the disease.

Excretion of Indican.—The systematical investigation of the indican-excretion of the patients has been continued and proved useful in co-ordination with the clinical facts in gauging the course of psychoses where intestinal disturbances were suspected as a contributory cause.

XX.—FROM THE STAFFORD COUNTY MENTAL HOSPITAL, STAFFORD.

General Report.—By Dr. B. H. SHAW, Medical Superintendent.

(a) From a research point of view attention has for some time past been devoted to the investigation of both dementia præcox and epilepsy mainly from a biochemical and biophysical point of view; a resumé of certain findings with respect to the former condition has been published in the *Journal of Mental Science* (Jan., 1931), embodied in a paper entitled, "The Significance of Cholesterol in Cellular Oxidation and its bearing on Mental Disorder." In tissues and body fluids the ratio of cholesterol to phospholipins is shown to be of great importance as a controlling factor in metabolism. In cases of dementia præcox the blood cholesterol content is found to be deficient, whereas in states of mania it is in excess. The serious effects of this alteration in ratio and the necessity of treatment based on rectifying it is pointed out.

(b) The presence of thermostable bodies in the serum of general paralytics causing a lowering of surface of tension is noted and applied to diagnosis.

(c) Research has been continued into the pathology of epileptic states and certain facts have been ascertained which are the subject of further investigation.

XXI.—FROM THE EAST SUSSEX COUNTY MENTAL HOSPITAL, HELLINGLY.

Report of Clinical and Scientific Investigations.—By Dr. GEOFFREY SHERA, M.A., Pathologist.

The total output of the department has increased by nearly 1,000 items in 1930. About half of these were in respect of work for the County's Medical Officer of Health.

I am glad to report that there were no cases of either dysentery or typhoid fever during the last year. Two cases of diphtheria occurred

amongst the nursing staff, but no spread followed, thanks to prompt detection and segregation.

The addition of a gas supply to the laboratories has been a genuine boon in every way.

The technical part of this report comes under three headings:—

(a) *Routine Clinical Research*, dealing with scientific medicine in its application to the problems of disease as they arise from day to day in the institution, such as suspected cases of dysentery or typhoid, blood analyses, Wassermann tests, autopsies and manifold diagnostic procedures, whose number continues to grow.

(b) *Public Health (County) Work*. This work has shown a marked increase. The laboratory is recognized as the County Laboratory, and the scope and number of the tests have expanded, as will be seen from the details below.

(c) *Pure Research Work*. This comes under two headings: firstly, research concerned with new methods of analysis, and secondly, original investigations upon the causes and effects of mental disease in relation to the human mechanism.

Routine Clinical Research.

Beyond the important fact that no typhoid or dysentery occurred during 1930, the only other feature of note was that of two nurses who contracted diphtheria.

Despite the very grave possibility of an outbreak of undulant fever (a milk-borne human infection of the organism causing contagious abortion in cattle), I am glad to report that the measures taken on the veterinary side of the institution completely prevented this trouble. Undulant fever is apt to be a very chronic and troublesome complaint.

Tuberculosis.—It has been thought wise to test all new admissions for tuberculosis by the complement-fixation test. During 1930, out of 227 such testings there were 219 negative, three borderline and five positive for tuberculosis. The borderline tests are probably weak positives, but omitting them, this gives an average incidence of almost certain tuberculosis of at least 2.28 per cent. This figure is refreshingly low. Tuberculosis is a serious problem in many mental hospitals.

Sulfosin Therapy.—At Dr. Fenwick's request, white blood cell counts have been and are being performed on every patient on every occasion of a sulfosin injection. The normal leucocyte count is about 5,000 per cmm. Some idea of the profundity of the reaction after sulfosin is gauged by the fact that the highest count obtained was 73,000 per c.mm. and the lowest 12,000. Most of them ranged around 30,000. The Van den Bergh test for liver function was also performed on these cases, with normal results, showing that sulfosin imposes no appreciable strain on the liver.

Post-mortem findings in Chronic Mental Disease.—Low grade meningitis is almost a constant finding. Engorgement and cyanosis of the brain with capillary hæmorrhages occur in epilepsy, particularly in status epilepticus. Subnormal weights due to wasting are also very frequent and often remarkable: the reason for such wasting seems to me to be due to pressure of the chronically inflamed contracting membranes; in other words, a form of pressure-atrophy gradually destroying the brain. Chronic toxæmia via the blood stream or nasal route probably accounts for this.

The pathological museum has been increased during 1930.

The following is a record of malarial treated general paralytic cases, where specimens were available during 1930:—

No. of Case.	Colloidal Gold Curve.	Pandy Test.	Nonne-Apelt Test.	Total Protein Estimation.	Cells per c.mm.	Wassermann Reaction.	Improved or Deteriorated.
1. (P.) Before After	0011110000	+	±	Per cent. 0·07	No excess	++ 7 or more (units of complement deviated)	
	1234400000	±	+	0·03	No excess	++ 7	I.
2. (J.) Before After	0111110000	+	—	0·02	No excess	+ 2½	
	234441000	±	—	0·025	No excess	++ 7 or more	D.
3. (P.) Before After	1123430000	±	—	—	40	++ 5	
	0011100000	—	±	0·04	No excess	+ Almost 5	I.
4. (M.) Before After	5555555000	+	++	0·06	10	++ 5	
	5555554400	+	+	0·04	No excess	++ 7 or more	I.
5. (C.) Before After	543331000	+	±	0·02	15	++ 7	
	5555543000	+	+	0·05	40	++ 7	D.

Comments.—The readings were taken at Dr. Nolan's request before and very soon after treatment. Numbers (1) and (3) show some improvement: the others show none, in fact even a tendency to deterioration, but this I attribute to the tests being taken at the maximum stage of debility following malaria. It would be more satisfactory to re-test after six months from the end of the malarial treatment than immediately after.

Herewith is appended a classified list of routine investigations for 1930, together with comparative figures from 1929:—

	1929	1930
<i>Pathology.</i>		
Blood examinations (various)	150	254
General pathological tests	912	985
Special pathological tests	18	265
V.D. tests (Wassermann, etc.)	405	476
Tissues for histological section	23	37
Post-mortem examinations	70	64
	<hr/> 1,578	<hr/> 2,081
<i>Bacteriology.</i>		
General bacteriological tests	700	682
Special bacteriological tests	7	6
Autogenous vaccines prepared	6	5
Widal reactions	53	15
	<hr/> 766	<hr/> 708
<i>County Work.</i>		
<i>Tests under the Tuberculosis Order (1925).</i>		
Biological	5	4
Histological	10	—
Microscopical	2	7
	<hr/> 17	<hr/> 11
<i>Tests under the Milk and Dairies (Consolidation) Act.</i>		
Biological	206	199
Microscopical	299	259
Cultures	—	33
	<hr/> 505	<hr/> 491
<i>For County Medical Officer of Health.</i>		
Sputa	107	590
Swabs	33	63
Faeces	1	—
T.B.C.F. tests	8	—
Other tests	—	25
	<hr/> 149	<hr/> 678
Autogenous vaccines for the East Sussex Insurance Committee	—	4
	<hr/> —	<hr/> 4
Total ...	<hr/> 3,015	<hr/> 3,973

Research Work.—Additional tests performed under this head are not detailed.

1.—*New Technique.*

Investigations as to liver deficiency, particularly in relation to new admissions and salvarsan-treated cases, have been made by means of the urobilin and Fouchet tests. A paper on the subject is to be published in 1931. The result of the investigation showed no very abnormal incidence, 6.8 per cent., by these tests, which are probably hardly delicate enough to detect early deficiencies in the liver.

2.—*Original Investigations upon the Causes and Effects of Mental Disease.*

(a) *Acidosis Investigation.*—This work is now finished and the final results are shortly to be published. The conclusions reached in the last annual report have been confirmed, and therapeutic measures to combat this disorder of metabolism have been indicated.

(b) *Renal Disease.*—The methods used in this investigation were detailed in last year's report. It now only remains to give the actual numbers tested and the conclusions reached. A paper embodying this research is now in the press.

A series of 60 approximately consecutive specimens of c.s.f. were tested (post-mortem) for urea. No less than 78.34 per cent. were abnormal: of these 36.7 were below 100 mgs. per cent. and 63.3 per cent. above that figure. (Normal range 15—40 mgs. per cent.) The percentage of cases in this series showing gross renal disease *at autopsy* was 65 per cent. The conclusion reached was that renal failure very frequently precedes death in the insane.

Further investigations into the renal functions during life were undertaken, using the technique of Maclean, which is the standard used by the Ministry of Pensions. Fifty-seven cases were so tested, and renal inefficiency was determined in 38.6 per cent. A further series of 94 cases of all ages were submitted to a single renal efficiency test (urea-concentration test), repeated when doubtful. These showed 13.8 per cent. of faulty kidneys. This test alone is less delicate than the combined clinical and laboratory tests referred to above (Maclean's method). Finally a series of 1,248 specimens of urine were tabulated for renal efficiency, with 18.5 per cent. inefficient.

It will thus be seen that every mode of testing reveals faulty kidneys to be numerous in mental patients, and this constitutes one more instance of faulty metabolism in the insane, connected with chronic poisoning of their systems, probably originating in the bowel.

3.—*The Treatment of General Paralysis by the Swift-Ellis Intrathecal Technique.*

Some years ago I had the opportunity of treating a very acute general paralytic by means of this method, which has a wide vogue in the United States, but has of recent years been overshadowed by the malarial treatment. The theoretical basis is definitely rational and not empirical as in the malarial treatment. Originally, the old salvarsan and not the neo-salvarsan compounds were used. The latter are less toxic and likely to be safer where the central nervous system is concerned. The patient is given a short, intensive course of four to six injections of neo-salvarsan (N.A.B.), and when the first maximal dose is obtained one hour thereafter 20—40 cubic centimetres of blood are drawn off and an auto-serum prepared from this blood. The serum is diluted with saline; at first 50 per cent., then 60 per cent., and finally 70 per cent. concentrations are used. Fifteen c.c. of this is injected after partial heating and spinal puncture. Inasmuch as a certain membrane imposes a barrier between the blood and spinal fluid, it is rational to bring the serum, rich as it must be in salvarsan antibodies, into *direct* contact with the spinal cord and brain. To do this the patient's bed is tilted up after injection, and the circulation of spinal fluid automatically does the rest. The vein injections are given weekly and the spinal fortnightly in courses of four to six. Two courses at least are recommended. Rest in bed for two half-days, once after the vein injection and once after the spinal injection, is enjoined. Otherwise the patients can live normally. No ill effects from the spinal injections have so far been noted, and the treatment entails infinitely less, if any, discomfort to the patient than does malaria. It is much less dangerous moreover. The first patient so treated was a woman of 34 who was deemed

unsuitable for malarial treatment. After four spinal injections she has recovered mentally apparently completely, has gained three stone in weight, and is fit for discharge. She is having a second course at the moment as a precaution against relapse. Her blood and spinal fluid tests, to date, show improvement in respect of several factors, but are not yet normal.

At present three other female general paralytics are under treatment. It will take time to assess the final results and possibilities of relapse. From past experience of this treatment in tabes dorsalis, in which it has been extraordinarily successful in early cases, I am quite hopeful of results at least equal to malarial therapy, but several short courses may be necessary.

I cannot conclude this report without expressing my thanks to my assistants, Mr. Wallace Reed and Mr. D. Flawn, who have shown great keenness at all times.

Publication.

"A Special Method of Investigating the Streptococcal and Acidophilus Intestinal Flora, with Results in Fifty-three Mental Patients."—*Journal of Mental Science*, January, 1930, pp. 56-65.

XXII.—FROM THE THREE COUNTIES MENTAL HOSPITAL, ARLESLEY, BEDS.

Treatment of Dementia Præcox and General Paralysis by injections of Sulphur in Oil.—By Dr. L. O. FULLER, Medical Superintendent.

Dementia Præcox.—Thirty-one cases of dementia præcox have been submitted to treatment by injections of sulphur in oil, with the following results:—

No improvement	...	...	...	...	...	...	12
Improved	...	...	...	...	...	...	6
Died	...	...	...	...	...	...	1
Discharged	...	...	...	...	...	...	12

General Paralysis.—During the same period twelve cases of g.p.i. have been similarly treated by injections of sulphur in oil, with the following results:—

No improvement	...	...	...	...	...	...	4
Died	...	...	...	...	...	...	5
Discharged improved	...	...	...	...	...	...	3

The treatment was adopted after reading an article by Dr. Schroeder (Denmark) published in *The Lancet* of November, 1929. I think the majority of cases of g.p. treated here by this method were probably unsuitable since Dr. Schroeder states that improvement is only to be expected in early cases. All cases of this disease treated here were well-advanced, but although in three of them improvement was sufficient to permit of discharge in none of the cases did the Wassermann reaction become negative after treatment.

The treatment produces well-marked febrile reaction with considerable local discomfort, and during the treatment most of the cases were noticed temporarily to lose weight. In view of the results the treatment is being continued in cases of dementia præcox.

In future it is not proposed to treat cases of general paralysis by this method unless they come under observation in the early stages.

XXIII.—FROM THE DEVON COUNTY MENTAL HOSPITAL

General Report.—By Dr. R. E. EAGER, O.B.E., Medical Superintendent.

Laboratory Work.—The laboratory work of this hospital continues under the guidance of Dr. R. V. Solly (Pathologist to the Royal Devon and Exeter Hospital) and the immediate supervision of Dr. E. C. Patterson.

The following is a list of examinations made during the year 1930:—

Routine Examinations.—Routine examinations of urines, 1,749; Examination of sputum for tubercle bacilli and other organisms, 79.

Special Examinations.—Cultural examinations of faeces for organisms of the typhoid and dysentery groups, 32; Microscopical sections, 60; Blood: (a) Blood counts and differential counts, 17; (b) Malarial parasites, 52; (c) Wassermann reactions, 50; (d) Kahn's flocculation tests, 21; (e) Agglutination tests, 16. C.S.F.: (a) Estimation of protein, globulin and cell counts, 26; (b) Colloidal paraffin (Kafka) and colloidal gold (Lange's) reaction, 26; (c) Wassermann reactions, 26. Bacteriological examinations of pus, throat swabs, etc., 78; Urea concentrations tests, 14; Blood cultures, 5; Blood urea, 21; Blood sugar (quantitative), 9; Sugar tolerance tests, 13; Occult blood tests, 9; Post-mortem examinations, 76.

Treatment of General Paralysis with Induced Malaria.—Six cases were treated (5 m. and 1 f.) and in each the diagnosis was first confirmed by serological tests.

Five cases were infected by mosquitoes, kindly furnished by Col. James of the Ministry of Health, and one case was infected with the blood of a patient under malaria treatment.

Of these 6 cases 4 were discharged and their condition at present remains satisfactory. Two remain in hospital. One of these shows considerable improvement, but the other remains stationary at present.

A total of 46 cases have now been treated (6 of these have had two malaria courses) 21 cases in all have now been discharged, which is a satisfactory percentage of 45.6. Only 1 case has returned to hospital owing to a relapse of mental symptoms.

We are fortunate in being able to keep the majority of such discharged patients under review at the clinic in Exeter.

Tryparsamide Treatment of General Paralysis.—Six cases of g.p.i. who had been previously treated with malaria, received courses of tryparsamide at varying intervals after the malaria treatment. Of these 2 showed no improvement at any time after the injections, and 1 died about six months later. This was a case who had been treated about two years previously with malaria, had been discharged and remained out for seven months, the other is a female still in hospital.

Two cases showed physical improvement without any signs of mental improvement, and physical improvement with sufficient mental improvement to permit of their discharge occurred in the 2 remaining cases. Marked physical improvement therefore seems to be anticipated from tryparsamide following malaria treatment.

But 3 out of the 6 cases which were treated during 1930 with malaria were either removed or discharged before a course of tryparsamide could be given.

Since malarial treatment was started here in 1925 we have been in the habit of making a routine examination of the c.s.f. for protein, globulin, cells and the colloidal paraffin curve.

We have now substituted Lange's colloidal gold for colloidal paraffin, as results of the latter were more difficult to read, and less definite.

Cases of g.p.i. who have been treated previously by malaria, prior to admission, have on occasions been admitted to this hospital and steadily deteriorated.

This rather points to the fact that unless the treatment is under constant supervision in a hospital where the content of the parasites in the blood is also duly considered, in conjunction with clinical symptoms

the malaria treatment is unnecessarily dangerous, and the best results cannot be obtained.

It is difficult to see how the close association of pathological with clinical findings can exist except under proper hospital conditions.

Disseminated Sclerosis.—Two cases of disseminated sclerosis were also given a course of malarial treatment. One of these was a male with mental symptoms suggesting dementia paranoides, and during the fever he certainly appeared somewhat clearer, but this improvement did not persist.

The other case was a female who was given a full course of silver salvarsan before the malaria and showed considerable improvement before she was so infected.

A third case of disseminated sclerosis was treated with silver salvarsan alone, and also showed a marked diminution of his neurological symptoms, but still remains in hospital.

Ultra-Violet Ray Treatment.—There were 39 cases selected for ultra violet light treatment during the year.

Three of these did not complete their treatment and of the remainder 2 were members of the staff.

Of the 34 patients 10 showed mental improvement, and 16 improved physically. Six seemed to have their mental state aggravated, and this was especially so (W.R.) a male case of hypochondriacal melancholia, and it seems to be more and more clear that cases of agitated melancholia have their symptoms aggravated by this treatment as was pointed out in my report last year.

Treatment of Scabies with Marcussin's Ointment.—This ointment has now been used for the past twelve months for the routine treatment of cases of scabies in the male wards.

Many of these were relapsed cases and had been previously treated with sulphur ointment and baths, and 48 were selected for this treatment with satisfactory results.

The chief advantages over the usual sulphur treatment are as follows:—

First and foremost the intractable dermatitis, which result so often after thorough sulphur treatment is avoided. Secondly, the whole treatment is carried out in 24 hours. The patient has a hot bath and the ointment is thoroughly rubbed in while the skin is still warm. The patient goes to bed for 24 hours and then has a hot bath. This completes the treatment. Further, the results obtained appear more reliable than those obtained with sulphur.

The ointment consists of sublimated sulphur dissolved in potassium hydroxide together with zinc hydroxide, lanoline, vaseline and liquid paraffin, a small amount of benzaldehyde is added to check the disagreeable odour of sulphuretted hydrogen.

XXIV.—FROM THE DORSET COUNTY MENTAL HOSPITAL.

Report of Clinical and Pathological Investigations.—By Dr. P. W. BEDFORD, D.P.M., Medical Superintendent, and Dr. G. W. T. H. FLEMING, D.P.M., Pathologist.

General Report.—During the year 1930, 2,716 investigations were carried out in the Laboratory, this being an increase of 334 over the previous year.

Subjoined is a summary:—

Urine.—Chemical, deposit, etc., 805; Buscaino's S.N. reaction, 75; urea est., 30; sugar est., 25; bacteriological exam., 18; albumen est., 15.

Blood.—Polynuclear count, 267; Schilling index, 263; Widal's reaction, 200; Meinicke's reaction, 138; Wassermann, 33; red and white cell counts, 19; icterus index, 2; sugar est., 1.

Faeces.—Bacteriological exam., 451; chemical, 2.

C.F.S.—Gum mastic, 16; Meinicke's reaction, 16; Wassermann, 9; Takata-ara, 9; chemical, 9; Kafka, 5.

Bacteriological Examinations.—Water, 90; sputum, 46; pus, 6; throat swabs, 4; gall bladder, 2; vaccines prepared, 2; tinned meat, 1; pathological sections, 157.

Search for Typhoid and Dysentery "Carriers."—This work, commenced in 1928, was carried on during the year when 451 specimens of faeces were examined. The methods of Wilson and Blair and McConkey were used.

(a) *Dysentery*.—During the year three cases of dysentery have occurred; on the male side; in all of these *B. dysenteriae* Flexner was isolated. The faeces on subsequent examination gave a negative result. One new carrier of dysentery was discovered in Charminster ward on the female side. Several of the 8 "carriers" previously reported in 1929 have been persistently negative on examination, and may be regarded as no longer "carriers." One male carrier was discovered in East ward. There are now 3 "carriers" of dysentery, one of which is of Sonne type.

(b) *Typhoid*.—During the year, two typhoid carriers were operated upon and the gall bladder removed. In each case the bile on culture provided a pure culture of *B. typhosus*. Gallstones were present in both cases, together with thickening of the gall bladder wall, and dilatation of the organ in one case. Subsequent examinations of the faeces over a period of some months have revealed the complete absence of *B. typhosus* from the stools. In one case the operation wound developed an infection with *B. typhosus*, but healed slowly. The other case, that of a dement of many years duration, showed a very well marked mental improvement after the removal of her infected gall-bladder, and was able to be employed usefully in a convalescent ward.

One man is regarded as no longer a "carrier" so that there are left at the end of 1930 seven "carriers." These results go to swell the numbers of successful results from cholecystectomy. Cure would appear to follow in about 90 per cent. of cases. In the remaining 10 per cent. the organisms probably exist in the bile passages.

In the course of the routine examinations of faeces, the following abnormal non-lactose fermenting bacilli were found:—

B. Morgan No. 1	...	...	...	...	...	...	9
„ „ 7	...	...	...	...	...	...	1
„ „ 10	...	...	...	...	...	...	1
„ „ 13	...	...	...	...	...	...	2
„ „ 14	...	...	...	...	...	...	2
Morgan and Ledinghams No. 15	...	...	...	...	...	...	2
<i>B. faecalis</i> alkaligenes	...	...	...	...	...	...	3
<i>B. alkalescens</i>	...	...	...	...	...	...	1
Douglas and Colebrook's Group 8	...	...	...	...	...	...	15
<i>B. coli</i> anærogenes	...	...	...	...	...	...	6
Inagglutinable Flexner	...	...	...	...	...	...	1

In addition quite a number showed *B. coli* paracolon or mutabile.

In the male East ward, where a case of dysentery (Flexner) occurred in the late Autumn, the faeces of all the patients in the ward were examined with the following results; amongst the faeces of 70 patients examined 24, i.e. 34 per cent., presented non-lactose fermenting bacilli, none of which is an inhabitant of a healthy intestine. Of these 14 were classified as belonging to Douglas and Colebrook's group 8, i.e. a dulcitate fermenting organism which apart from the fact that it does not agglutinate with Flexner serum and forms acid from dulcitate is otherwise indistinguishable from Flexner's bacillus. This organism is one which

Douglas and Colebrook regarded as possibly pathogenic, it having been shown capable of producing a soluble toxin which will attack the intestine causing dysenteric symptoms. We have no record of any case of diarrhoea in this hospital attributable to this organism.

Water Chlorination.—This has been carried on throughout the year. On 7 occasions *B. coli* has been present in the chlorinated water, once in 20 c.cs, and three times in 50 c.cs. This was at a period when alterations were being made in the pumping arrangements and a diver was working in the well.

Meinicke Micro-Reaction for Syphilis.—For some time past, we have used the tube method. This is probably the simplest and most reliable reaction for syphilis either in the serum or spinal fluid. 0.1 c.c. of antigen (obtained direct from Meinicke) is mixed with 1 c.c. of a 3 per cent. saline solution, both having previously been heated at 45 deg. C. for 10 minutes. This is then pipetted into a small test tube containing 0.2 c.c. of the patient's serum. The tube is shaken and left overnight. A positive result consists of a perfectly clear fluid with a sediment at the bottom of the tube. Weakly positives show slight clarification with a small amount of sediment at the bottom of the tube. For spinal fluids 0.5 c.c. of the emulsion prepared as for sera is mixed with 0.5 c.c. of spinal fluid, shaken and left overnight.

So far 240 sera have been examined. Of these 78 have had a Wassermann performed at the same time yielding 70 similar results, or 90 per cent. Of the remaining 8, in 4 cases the Meinicke was weakly positive with a negative Wassermann, and in 4 it was the reverse. In one case of a very obvious general paralytic, the Meinicke was weakly positive and the Wassermann negative. This fluid showed Meinicke + + + Wassermann + +.

Prentice (*B.M.J.* 1931) and Soscia (*Rif. Med.* 1930) have recently published similar results. Soscia thinks the Meinicke test more sensitive than the Wassermann, which corresponds with our own findings in a total of 402 cases.

Leukocyte Study.—This has been carried on systematically, and the results will be published early in 1931. Cases are continually occurring in which the polynuclear count in the absence of definite physical signs raises suspicions of some physical disorder which sooner or later manifests itself. A case in point was that of a maid who had an attack of abdominal colic which soon passed off. Her pulse-rate and temperature remained unaffected. Some tenderness in the right iliac fossa led to examination of her blood which showed a weighted mean of 1.68. At operation an acutely inflamed appendix was found.

Urine Examinations.—A superficial examination of the urine reports shows that quite a considerable proportion of the patients must have an unhealthy urinary tract. Out of 740 urines examined, 289 showed the presence of pus in varying amounts, 104 showed albumin from a marked trace to measurable amounts, 65 showed casts, 59 showed organisms and 22 sugar. The histological examination of the kidneys of all cases coming to autopsy was commenced in the Autumn of 1928; it is hoped to present the results of these examinations when a sufficient number has been examined to be of statistical significance.

The Brain Liver Weight Ratio in Insanity.

From the consideration of the brain and liver weights of 157 epileptics in a series of 1,932 autopsies, it is definitely shown that in neither emaciated nor non-emaciated epileptics of either under or over 50 years, does the degree of atrophy of the liver and brain differ from that of the group of psychoses in general. The brain-liver weight ratio deviates less from the normal than in other psychoses.

When we consider the cases of epilepsy of over 50 in the non-emaciated groupe we find that the epileptic is the only one with a normal ratio. In general paralysis it is near the normal, but in congenital mental defect and "other psychoses" the ratio is raised.—(*Journal of Mental Science*, April, 1930), Fleming, G. W. T. H.

XXV.—FROM THE HAMPSHIRE COUNTY MENTAL HOSPITAL, PARK PREWETT, BASINGSTOKE.

General Report.—By Dr. J. J. O'REILLY, D.P.M., Pathologist.

Routine Laboratory Work.—The following examinations were made during the year:—

Urine.—Routine, 1,041; sugar, 8; bacteriological, 3.

Blood.—Differential counts, 64; Meinicke micro-reactions, 143; sugar estimations, 2; total cell counts, 19; haemoglobin estimations, 4; agglutination tests: *B. abortus*, 190, and *B. melitensis*, 190; Wassermann reactions (at County Laboratory), 36.

C.S.F.—Chemical examinations, 19; cytological examinations, 12; colloidal paraffin, 9; colloidal gold, 5; Wassermann reactions (at County Laboratory), 17.

Bacteriological Examinations.—Sputa, 4; throat swabs, 2; water supply, 2; milk supply, 3; faeces, 21; blood, 5; pus, 7.

Chemical Examinations.—Water, 1; milk, 2; sugar, 1.

Histology.—Sections, 24.

Undulant Fever.—An investigation (which is still in progress) was carried out on the evidence of undulant fever in the hospital population.

In January, 1930, one of the female staff contracted an obscure illness, which eventually proved to be due to an infection by the bacillus abortus, and later in the year two further cases were encountered.—(*Journal of Mental Science*, January, 1931.)

Routine agglutination tests carried out on both patients and staff have revealed two further cases which agglutinate the bacillus abortus in a high titre—1 in 1,250 though showing no signs clinically of undulant fever. The source of this infection has not yet been traced, but the Institution herd will shortly be investigated with a view to ascertaining whether it includes any carriers of this organism.

XXVI.—FROM THE MIDDLESEX COUNTY MENTAL HOSPITAL, NAPSURY, ST. ALBANS.

Report of Clinical and Pathological Investigations.—By Dr. A. O'NEILL, O.B.E., Medical Superintendent.

Routine Laboratory Work.—Routine Wassermanns were done on all admissions, totalling 456 with 31 males and 10 females giving positive reactions (Method of MacKintosh and Fildes, M.R.C. No. 3).

Nineteen c.s.f.'s were examined for Wassermann, colloidal gold, protein and cell counts. All urines are examined as a routine, special attention being given to their Ph.

One hundred and seventy-three faeces and urines were tested for the presence of typhoid organisms, and one was found to contain *B. typhosus*; 48 sputa were examined for T.B. and other organisms; 14 blood counts and 7 blood cultures were made; 4 Widal's; 7 throat swabs; 6 gastric analysis with cultures from the resting juice; 15 bloods were examined for their sugar and non-protein nitrogen content; 73 X-ray photographs were taken and permanent prints have been made from those of interest; 92 post-mortems were made, and sections prepared from some of the organs. All media used in the bacteriological work are now prepared in the laboratory.

During the past year a chart has been made to show the admissions, discharges, deaths and illnesses in the hospital, together with the

maximum and minimum temperature, the rainfall, barometric pressure and relative humidity. It is hoped that this may be interesting for comparative work in the future.

Work has been continued on the pituitary, special attention being paid to the demonstration of pituitrin in the c.s.f. and the presence of the colloid secretion in the adjacent parts of the brain.

Selected blood sera are being examined by dark ground illumination to discover any changes in the protein particles.

Suitable cases of g.p.i. are still being treated by t.a.b. inoculations, followed by n.a.b. or tryparsamide injections.

Certain cases have received non-specific protein therapy, some with apparent benefit.

It is interesting to note that there have been no cases of typhoid fever in the hospital since last March. For the past 25 years typhoid has been endemic, and there have been occasional cases every year. For the last three years continued efforts have been made to trace possible carriers and six patients have been found with *B. typhosus* in their stools; since these have been segregated no fresh cases have occurred.

XXVII.—FROM THE SURREY COUNTY MENTAL HOSPITAL, NETHERNE, COULSDON.

A.—*Perseveration in the Insane Epileptic.*—By Dr. J. H. EWEN, D.P.M.

An attempt was made to investigate the motor, sensory and ideational features of perseveration in the insane epileptic. Sensory tests were carried out by means of rotating coloured discs and by experiments in visual adaptation. The "reverse stroke" test was used as a criterion of motor perseveration and the ideational tests consisted of two fluency tests, the "animals" and the "blots" test. The results of over two hundred tests appeared to show that mental inertia as measured by perseveration is one of the peculiarities of the epileptic constitution.—(Published in the *Journal of Mental Science*, July, 1930.)

B.—*Adjuvants to the Malarial Treatment of General Paralysis.*—By Dr. J. H. EWEN, D.P.M.

An investigation of the rival merits of some of the anti-syphilitic preparations obtainable was undertaken with reference to the malaria infected subject. Novarsenobillon, bismogenol, mesurol and tryparsamide were selected and injections of these substances were given in connection with routine malarial treatment. The best result was obtained from mesurol. (The patient is now discharged and has resumed his occupation.) Tryparsamide gave a definite mental improvement. Bismogenol and novarsenobillon resulted in but little mental change, while malarial therapy alone left the case entirely unaltered. The age factor was observed to be of great importance. (Published in *The Lancet*, September 27th, 1930, p. 690.)

XXVIII.—FROM THE BRISTOL CITY MENTAL HOSPITAL.

Pathological Report.—By Dr. A. L. TAYLOR, Pathologist.

The following investigations have been carried out during 1930; they are largely responsible for the great increase in number of laboratory examinations, which show a figure (1257) more than double that of the previous year.

Syphilis in Admissions.—Having regard to the importance of the

syphilitic factor in mental disease, particular care has been taken to make the examinations as complete and reliable as possible in all suspected cases. To this end an improved method of preparing Lange's gold solution has been adopted after much experimentation, and quantitative estimations of c.s.f. protein and chlorides have been included in the routine investigation of these cases. Four hundred blood and spinal-fluid examinations have been made during the year; this figure includes 267 new admissions, in which cases the Wassermann reaction is performed as a routine. The number is not yet large enough to permit a reliable judgment of the incidence and rôle of syphilis in the various types of insanity, but a statistical survey of this nature will be undertaken when more evidence has been accumulated.

Dysentery.—The programme of anti-dysenteric inoculation outlined in last year's report has now been completed, and 897 patients have now received the prophylactic vaccine. Treatment has been omitted in only a few cases where considered inadvisable owing to the poor condition of the patient, particularly on the female side. All new patients are inoculated on admission. The results of this intensive procedure appear to have been satisfactory during the past year, during which the hospital has been almost free from dysentery, but it is felt that they should be interpreted with caution as the length of immunity conferred by the inoculation is uncertain in the present state of our knowledge.

Special Investigations.

Manic-depressive Insanity.—Further investigations have been made in the case of manic depressive insanity referred to in the report for 1929. These have confirmed the previous negative findings.

Malarial Treatment in General Paralysis.—An attempt has been made during the year to assess the value of malarial treatment in cases of g.p.i. In December, 1929, malaria was induced in a parietic patient by mosquito-bite, and during 1930 21 other patients were infected with the same strain of the parasite by blood-inoculations. In each case numerous blood film examinations were made to indicate the progress of the infection, which was satisfactorily controlled by quinine therapy where necessary. Careful records have been kept of the subsequent progress of the patients and a complete survey of the whole series is now in course of preparation. The results so far as can be stated here are by no means dramatic, but are useful in suggesting the type of case in which this form of treatment is most likely to be beneficial. Publication of this investigation will follow in due course.

XXIX.—FROM THE CROYDON BOROUGH MENTAL HOSPITAL.

General Report.—By Dr. H. M. BERNCastle, Medical Superintendent, and Dr. T. P. REES, M.R.C.P., D.P.M.

Blood Pressure in Mental Disorders.—An investigation of blood pressures in 500 female insane has led us to form the following conclusions:—

- (1) That, age for age, the blood pressure is higher in the insane than in the sane population.
- (2) That the most marked, age for age, increase in blood pressure occurs in the delusional insanities.
- (3) That this increase of blood pressure in the delusional insanities is not dependent upon renal insufficiency (Renal function tests were carried out and nephritics excluded).
- (4) That there is no appreciable variation in blood pressure in the various phases of manic-depressive insanity.
- (5) That in manic-depressive insanity, where there is exhaustion from mania or where there is a toxic factor superimposed, the blood pressure may be subnormal.

(6) That in epilepsy the average, age for age, blood pressure is below that of the sane population and considerably below that of the insane population taken as whole.

(7) That in involutional melancholia the average, age for age, blood pressures, whilst being higher than in the sane population, is much lower than in the delusional insanities.

Vitamins.—In the winter months certain patients in mental hospitals show signs of debility and asthenia with anæmia, œdema of ankles, and constipation; this condition may be in fact due to lack of sunlight, but it is in our opinion an avitaminic state due to deficiency of vitamin C.

Green cabbage and other cooked vegetables, whether boiled with or without soda are useless except for creating bulk in the diet and supplying some mineral salts.

The diet should be supplemented with red pickled cabbage, this form of cabbage has all its vitamin C intact, as it is uncooked and preserved in an acid medium-vinegar. It is in our opinion the most suitable article of diet for ensuring a supply of vitamin C in the winter months. It also acts as a relish and a stimulant to the appetite and the avidity with which it is eaten speaks for itself.

In the summer months lettuce is the best vegetable to be given with the same object; and, of course, raw fruit when in season.

XXX.—FROM THE DERBY BOROUGH MENTAL HOSPITAL.

Report of Clinical and Pathological Investigations.—By Dr JOHN BAIN, Medical Superintendent, and Dr. R. STROM-OLSEN, D.P.M.

(a) *Pathological.*

The following general laboratory work was carried out:—

Bacteriological examination of faeces, 14; Widal's, 26; routine examination of urine, 126; blood: urea, 27; sugar, 9; sugar curves, 4; films for malarial parasite, 22; Kahn reaction, 33; complete examination of c.s.f. (Kahn test, cells, colloidal gold, mastic, acetic anhydride, Nonne-Apelt, Pandy tests), 32; blood counts, 17; Abderhalden reaction, 5; sputa, 11; various (bacteriological examination of pus and exudates, of urine, Van-den Bergh test, sedimentation rate of R.B.C., fragility test phosphate content of serum, blood cultures, gastric analyses), 47; microscopic sections of autopsy specimens, 54.

The Kahn reaction has now been adopted in preference to the Wassermann. During 1929 specimens were examined by both methods and the results corresponded closely. The Kahn reaction has the advantage of being very simple to perform, its only disadvantage being the difficulty in reading very slight precipitates; in such cases a specimen is always sent out for a Wassermann. Fortunately, however, these doubtful reactions have in our experience been comparatively rare.

Work on the Abderhalden reaction for proteolytic enzymes of the serum was commenced. The technique of this test is complex and the sources of error numerous. According to Kafka, however, its usefulness has not yet been fully explored and with this in view we are hoping it will throw some light on humoral disturbances in the brain and endocrine glands in the schizophrenic and organic psychoses and that it may prove of prognostic importance.

The determination of blood-sugar curves in selected recent cases was begun and this work is being continued. The micro method of Hagedorn has been found very serviceable in this respect as it has the advantage of requiring only 0.1 c.c. blood per test and twelve or more analyses can be completed within an hour.

(b) *Clinical.*

(i) *The malarial treatment* of general paralysis was continued throughout the year. Seven patients were infected. Of these one, discharged as relieved, showed marked improvement, three remained unchanged and three died. Those showing no improvement were old-standing chronic cases. Tryparsamide treatment was undertaken in conjunction with malaria.

(ii) *Post-encephalitic Parkinsonism.*—Four cases were treated with sulfosin. The course in each case consisted of twelve injections of doses from 1 to 10 c.c. We failed to obtain the high pyrexia claimed by Schroeder. On an average the temperature after each injection rose to 102°–103°. Only on three occasions did the temperature reach 104° or over. The cases showed no improvement. We also found the administration of bulbo-capnine phosphate hypodermically distinctly inferior to that of hyoscine. The behaviour abnormalities showed no improvement and the rigidity was unaffected. This form of treatment was therefore discarded.

(iii) *Protein Shock Therapy.*—This method of treatment was adopted in toxic confusional cases. A course of ten intravenous injections was given in each case, the initial dose being 20 million, the final 500 million. The temperatures varied between 102° and 104°, and rigors were prominent throughout. Of five cases treated two stuporose patients showed a marked improvement. Towards the end of each course the deleterious involvement of the cardio-vascular system was combated by administration of strophanthin and glucose.

(iv) *Organotherapy.*—Four patients, all of the schizophrenic type underwent a course of intensive thyroid medication. A condition of artificial hyperthyroidism was produced, with marked tachycardia, loss of weight and increase of basal metabolism. On cessation of the treatment these symptoms gradually abate. Two cases showed striking improvement and after a few months were discharged recovered. Of the two remaining cases one showed temporary improvement, the other, a pronounced Katatonic, remained unchanged.

(v) *Publication.*—Congenital Syphilis with Syphilitic Meningitis. By Dr. R. Strom-Olsen, D.P.M. *The Lancet*, ii. 78. 1930.

A fatal case of congenital syphilis in a male aet 14 was also described. The symptoms on admission were suggestive of juvenile general paralysis as was also the examination of the c.s.f. which gave a typical paretic curve in the colloidal gold reaction. About six weeks after admission, however, he developed meningitis, which at autopsy proved to be syphilitic.

(vi) *A Case of Porencephaly.*—By Dr. R. Strom-Olsen, D.P.M.

A female aet. 32 was admitted to the D.B.M.H. with the diagnosis of imbecility with epilepsy.

History.—Since infancy she suffered from occasional epileptic fits. In August, 1927, she had a serious fit and was comatose for two days. Had slight difficulty in walking and squinted since infancy. Backward at school, at 14 she was still in standard 4. Had never been able to employ herself. Her birth was abnormal. A fortnight before term her mother had a bad fall which brought about a premature, prolonged labour. The fits began 12 months later.

Condition on Admission.—An under-developed, but well-nourished female. No stigmata. Heart, lungs and alimentary systems normal. Urine normal. Right pes cavus.

Nervous System.—Pupils equal and regular in outline, unusually dilated, and reacted to light and accommodation. Right external strabismus. Marked nystagmus present. Sight of right eye greatly impaired, though possibly the condition was a right-sided homonymous hemianopia, as owing to her mental state very little co-operation could be had from the patient. The tendon reflexes were abnormally brisk on the right side. Babinski sign on right side. Gait spastic. Loss of power and slight incoordination in right arm. No anaesthesia or other sensory disturbance.

Mental State.—She was hesitating and slurring in speech, dull and retarded in thought and had little educated intelligence. Her memory was impaired and she was unable to do simple calculations. Often irritable and bad-tempered.

During her stay in hospital she only had one fit, which was of an epileptiform nature. She was able to get about and did some light ward work. In December 1929 she developed pulmonary tuberculosis from which she died in June 1930.

Autopsy Findings.—The calvarium showed increased thickness in its left posterior quadrant. The membranes appeared normal. The brain weighed $32\frac{1}{2}$ oz. Right hemisphere normal weight 16 oz. The left hemisphere was the seat of a large porencephalic cyst in its posterior half and weighed only 10 oz. The cyst was in direct continuity with the lateral ventricle and measured $3\frac{1}{2}$ ins. \times $2\frac{1}{2}$ ins. \times $1\frac{1}{2}$ ins. Most of the central white matter was absent and the Rolandic area was completely undermined. The cortex in the unaffected area gradually thinned out to form the wall of the cavity. This thinned cortex had lost its normal configuration and had a uniform thickness of 2-3 m.m., except on the medial surface where it was 11-12 m.m. with the configuration retained. Inferiorly the thinned cortex merged into the membrane roofing over a gap. This membrane consisted of two layers, the outer being continuous with the pia-arachnoid, the inner with that lining the wall of the cavity and the lateral ventricle. The posterior half of the corpus callosum, the left internal capsule and the left pyramidal tract were markedly wasted.

Microscopic section and other details together with a review will be found in a paper already submitted to *The Lancet* for publication.

XXXI.—FROM THE LEICESTER CITY MENTAL HOSPITAL.

Laboratory Report.—By Dr. T. WISHART DAVIDSON, D.P.M., Pathologist, and Dr. J. D. W. PEARCE, D.P.M., Assistant Pathologist.

The general laboratory work includes the following:—

Bacteriological examination of faeces, 956; urine, 52; blood, 12; pus and exudates, 141. Blood sugar, urea, calcium; urea concentration tests; Lange tests; gastric analyses; benzidine tests, 92. Widal's, 68; Wassermann reaction of blood, 243; of c.s.f., 46. Vernes tests of blood for syphilis, 243. Blood films for malaria parasites, 1,429. Urine examinations (routine), 716. Autopsies, 86 per cent. of total deaths, 61.

Wassermann Reaction (M.R.C. No. 1. Wyler Modification).—Of the 173 patients admitted during the year, blood from 153 was examined; 20 patients were not tested as 10 were re-admissions and known negatives, and 10 died or were discharged shortly after admission. Of the 93 females tested, 8 (8.6 per cent.) gave a positive reaction and of the 60 males, 11 (18.3 per cent.) were positive. The incidence rate for syphilis of the 153 patients tested was 12.4 per cent. General paralysis accounted for 9 males and 4 females.

Syphilimetric Test of Vernes.—The investigation of this test has been continued and during the year 240 sera were examined. The test was carried out comparatively with the Wassermann reaction on 153 of the patients admitted during the year. There was complete agreement between the two tests in 149 instances (97.4 per cent.); of the 4 (2.6 per cent.) cases in which there was disagreement the differences were as follows:—

Wa. R. + V. ?	2. (Both known syphilitics).
Wa. R. + V. —	1. (A known syphilitic).
Wa. R. — V. +	1. (Clinically not syphilitic).

It is hoped soon to publish a full account of the Vernes test.

Dysentery.—During the last three months of the year an outbreak of dysentery due to *B. dys. Flexner Z* occurred on the female division. By the 31st December, 45 patients had been infected. The first case arose in Ward 1 (senile ward) on 3rd October, and was followed by two others on the 6th and 7th October. All the infected cases during the acute stage were nursed in Ward 6 (hospital ward); unfortunately, cross infection took place as fresh cases developed in this ward and later in wards to which contact patients from Ward 6 were ultimately transferred.

Bacteriological examinations were made of the hot and cold water in several of the wards and from the storage tanks, but no evidence of faecal contamination was found. Examination of the faeces from all the patients in Ward 1 revealed the presence of a "carrier" of *B. dys. Flexner Z*. It is believed that the outbreak arose from this "carrier," and that conditions favourable for the spread of the infection developed during the reconstruction of the sanitary annexes of this ward, with the consequent temporary overcrowding of the lavatories of a neighbouring ward.

In each case the illness was a relatively mild one, the temperature rising to 102 deg. or 103 deg. F., and remaining elevated for 12 to 24 hours, and diarrhoea with blood and mucus lasting from 2 to 5 days. Convalescence was uncomplicated. Autogenous vaccine was prepared and administered in two doses, 1,000 and 2,000 million bacilli, at intervals of ten days, to all the patients on the female division.

Prophylactic vaccination, however, failed to prevent infection, although several patients were found later who presented no clinical signs of dysentery and yet showed *B. dys. Flexner Z* in faeces which to the naked eye appeared normal.

On 5th December Dr. Evans (from the Board of Control) visited the hospital, enquired into the outbreak, and made various recommendations regarding the isolation and treatment of the infected patients.

Malaria Treatment of General Paralysis.—Fifteen patients, including one male and one female transferred from a neighbouring mental hospital for this treatment, were infected by blood inoculation during the year. Four males and one female have since died and three males and one female have been discharged.

Since 1924, when the treatment was first introduced, 81 patients have been treated: the results at the end of 1930 are as follows:—

Deaths, unassociated with malaria	28	34·6 per cent.
Deaths, associated with malaria...	7	8·6 " "
Unimproved 	11	13·6 " "
Improved 	15	18·5 " "
Discharged 	20	24·7 " "
Total		81

Of the patients treated and discharged in previous years, five have been readmitted and four of that number have since died.

XXXII.—FROM THE NOTTINGHAM CITY MENTAL HOSPITAL.

General Report.—By Dr. G. LL. BRUNTON, Medical Superintendent.

The following is a résumé of the particular clinical and biochemical work carried out in the Nottingham City Mental Hospital during the year March, 1930-1931.

Actino-Therapy continues to be employed for tonic treatment.

Glucose Tolerance in Epilepsy.—Number of cases examined—65, both sexes and all grades. Conclusions arrived at: We are unable to say that

there is a typical curve to be found in this condition, although there are considerable variations from the normal and in about 50 per cent. of our series the curve obtained was very low. Method of estimation—Folin Wu Colorimetric.

Sulphosin Therapy.—Twenty-five cases of various types of mental disorder received one or more courses of sulphosin injections during the year. The results to date in the cases thus treated are as follows:—

(a) 12 cases of *g.p.i.* were treated with sulphosin. Of these—2 have been discharged, 5 are improved, 2 show no change, and 3 have died.

(b) 9 cases of *dementia praecox* were treated, of these—one has been discharged, 1 is dead, whilst the remaining 7 show no change.

(c) 2 cases of *post encephalitis* show no change.

(d) 1 case of *puerperal insanity* has since been discharged.

(e) 1 case of *melancholia* shows no marked change.

XXXIII.—FROM THE BARNWOOD HOUSE HOSPITAL, GLOUCESTER.

Indicanuria.—By Dr. J. K. C. LIDDELL.

During the year further investigations have been carried out in conjunction with the Pathologist to the Gloucestershire Royal Infirmary on the appearance of indican in the urine.

The results so far obtained would tend to show that this condition is primarily due to diminished hydrochloric acid secretion in the stomach, and does not appear to depend on the presence of any abnormal organism in the bowel.

XXXIV.—FROM THE BETHLEM ROYAL HOSPITAL.

General Report.—By Dr. J. G. PORTER PHILLIPS, F.R.C.P., Physician Superintendent.

Toxaemias.—A group of toxic cases has been identified, in which the toxin belongs to the muscarin series.

Evidence has been gathered that there is another group in which a precursor of toxin exists, which precursor is activated during periods of endocrine overaction.

Methods of Fat Estimation.—A comparison of the different methods of fat estimation in the faeces, with special reference to the volatile constituents.

Bio-physical investigations bearing on current work.—By Dr. W. ROSS ASHBY.

The magnitude of the lag due to viscosity, during the decline of a meniscus in a capillary tube.

The effect of viscosity on the diffusion of dissolved substances.

A new type of cell for the measurement of the specific conductivity of blood serum.

(Reference: *The Biochemical Journal*, Vol. 124, No. 5, 1930.)

XXXV.—FROM ST. ANDREW'S HOSPITAL, NORTHAMPTON.

General Report.—By Dr. D. F. RAMBAUT, Medical Superintendent.

During the year 1930 the Reception Hospital, Wantage House, has continued its work on the lines of the "Diagnostic Survey," the scheme combining both clinical and laboratory investigation, especially designed to ascertain as far as possible the underlying physical disorders bearing upon various mental states.

For research of this kind each department has had to be maintained up to the most modern standards, thus replacement of equipment or the adoption of new methods has been undertaken wherever necessary. Progress in this direction and in the application of much less empirical methods of treatment continue to emphasize, even more clearly, the success and justification of a co-ordinated and self-contained hospital unit such as was conceived and subsequently put to the test.

In the course of 12 months an increasing number of patients from other parts of the Hospital have been subjected to various examinations in the different departments, or have received special treatment therein. The total number of patients admitted to Wantage House has been 31, a figure rather less than that of last year. This is accounted for by the greater appreciation of the fact that it is in the interests of those cases whose general bodily condition on admission shows considerable deterioration to be subjected to a longer period of treatment, so that, on discharge, the liability to subsequent breakdown may be minimized as far as possible; thus the average period of residence has been somewhat longer.

Of the voluntary and certified patients who have received the full course of investigation and treatment at Wantage House, 42 per cent. of the gentlemen have recovered and 35 per cent. of the ladies. It is necessary to add that, of the total number of patients discharged either recovered or relieved, 71 per cent. were sufficiently well to reside at home.

A. Hydrotherapy Department.

This department in all its branches has in the past three years taken premier place as a preliminary and preparatory regime for most cases admitted.

The study of the effects, mental and physical, of the different forms of baths or douches on the various types of mental states continues. Again the necessity for assessing the suitability of each case for hydrotherapy has here to be reiterated, and with emphasis in certain types of cases whose mental and physical condition must be carefully ascertained if failures or accidents are to be avoided.

In last year's report the value of colon lavage, especially in cases suffering from "tonic hardening" and also generalized spastic conditions of the colon, was mentioned. Statistics obtained in a hundred cases show that in nearly 60 per cent. the colon, especially the descending, iliac and sigmoid portions, could be palpated. In marked examples the gut was very firm and sometimes no thicker than the index finger and in extent varied from a few inches to over a foot in extreme cases. In every instance constipation was persistent and severe, and the motion in most of the "sheep dropping" or pencil type. As a rule on admission tenderness could not be elicited, but later, after mental improvement had begun, this was definitely noticeable in most cases. On those recovering mentally the condition had either yielded or improved with the return of regular bowel action and normal appearance and consistency of the stool.

Of 141 cases admitted to Wantage House 75 per cent. were more or less severely constipated, the remainder having fairly regular actions but frequently found to have a well-loaded colon.

These facts and other relevant observations on the state of the tongue, appetite, and the regularity of bowel action or otherwise, indicate quite clearly the necessity of adequate means of relieving and treating these too often merely accepted evils as being part of the mental picture. Difficult as it is to correlate cause and effect, with a view to understanding more fully the nature and bearing of functional or organic lesions of the colon and small intestine, constant clinical observations and laboratory research on bacteriological and biochemical lines make it possible to lay

more and more stress upon the importance of gastro-intestinal toxic conditions arising in the first instance from oral sepsis.

Medicinal treatment in the form of antiseptics, adsorbents, antispasmodics and mild tonic laxatives have a very definite value, but frequently only after more normal conditions have been established by thorough lavage of the colon.

B.—The Laboratories.

By Dr. W. M. FORD ROBERTSON, Pathologist, Bacteriologist, and Biochemist, and Mr. C. WEBB, Assistant.

During the year the total number of examinations for all laboratory departments has been 1,706.

1. *The Biochemical Department.*—During the year 1,466 examinations have been made and are summarized as follows:—

Blood: non-protein-nitrogen, 82 examinations, serum calcium, 105; phosphates 49; Van den Bergh, 90; CO₂ (Van Slyke), 96; uric acid, 2; chlorides, 2.

Blood counts: estimation of red cells, leucocytes, and differential haemoglobin by Tallquist's colour scale and the Meischer colorimetric method, 129.

Glucose tolerance tests: blood sugar curve estimated on eight readings including fasting blood (Maclean's method), 39.

Fractional test meal on a standard oatmeal gruel: Quantitative estimation of free and combined hydrochloric acid and chlorides in resting-juice and seven samples up to two hours. Estimation of pepsin in resting-juice and one hour sample. Qualitative estimation for blood, bile, starch, mucus, and lactic acid. Microscopic examination of resting-juice for evidence of abnormal cytology. Cultures of three samples of resting-juice, one plated immediately, the others kept at room temperature and 37 deg. C. respectively for 24 hours, and then recultured to test bactericidal power, 39.

Fractional gastric test by histamine method, dosage by basal estimation and samples drawn off at ten-minute intervals for one hour. Resting-juice drawn off for a period of 20 minutes prior to giving histamine intramuscularly after which 10-minute withdrawals of gastric secretion begins. The volume of secretion and H.Cl. content estimated for each ten-minute period. Number of cases examined, 3.

Cerebro-spinal fluid: Manometer pressure, urea, chlorides, sugar, colloidal gold, proteins and cell count, 25.

Urine: 24-hour measured sample. Qualitative and quantitative examinations and C.D., 597. Single samples for qualitative only, 84. Urea concentration, 2.

Stools: Estimation of soluble mucus, stercobilin, occult blood, assimilation, and smears for bacterial content, 106.

Pathological material: Sections 9.

Wassermann reaction: Owing to the relatively small number of sera for examination it has been found much more satisfactory to have these sent to the Public Health Laboratory, where the results can be adequately controlled owing to the large number of sera under examination. Number of sera examined, 13. C.s.f., 7.

2. *The Bacteriological Department.*—The total number of bacteriological examinations carried out were 226, as follows:—

Tonsillar material, 13; sputum, 2; dental, 8; sphenoidal sinus washings, 2; nasal, 1; resting-juice, 43; pus, 9; urine, 11; faecal, 114; cervix, 11; eye, 1; c.s.f., 12.

Autogenous vaccine preparations, 29, as follows: dental, 3; tonsil, 4; resting-juice 16; pus, 1; intestinal, 14; cervix, 2.

The scheme of diagnostic survey with regard to the laboratory work has been pursued on very similar lines to that of last year on all admissions to Wantage House, and on a number of patients from the main hospital.

Although the total number of systematic examinations shows a decrease from that of last year, the actual amount of laboratory work has greatly increased. This is due to the demands made upon the laboratory by the bacteriological department where the elaboration of cultural methods, especially the preparation of the anaerobic media, involves much time and

a high degree of technical skill, the onus of which has fallen mainly upon my senior assistant, Mr. C. Webb, whose work deservedly merits recognition and my personal appreciation.

The amount of work now necessary before a complete analysis of the average bacteriological flora in a mental patient has been made shows an increase in time and labour of about 200 per cent.

(a) *The aerobic and anaerobic bacteriological flora.*—In the course of three years' intensive research into the bacteriology of mental disorders, considerable progress in the study of aerobic and anaerobic infections has been made. The combination of a wealth of material obtained under almost ideal conditions, and gradual perfection of technical methods essential to the production of the strictest anaerobiasis has, especially in the past twelve months, led to the elucidation of certain facts hitherto suspected but lacking final proof.

Mention has been made in publications and in previous reports to the probable relationship of the anaerobic diphtheroid group and the Klebs-Loeffler bacillus. On morphological grounds, both cultural and microscopic this close alliance has been quite clear, but biological evidence has been lacking. In the course of the past year new cultural methods have made it possible—for, I believe, the first time—to ascertain the sugar fermentation reactions of both the anaerobic diphtheroid and leptothrix groups, a fact which has yielded results of very great interest whenever the aspects of the toxic etiology of mental diseases comes to be considered.

It has been established up to the present that, of the very numerous species of anaerobic diphtheroids found in such large numbers in the Psychoses and allied states, about a third give the characteristic fermentation reactions of the Klebs-Loeffler bacillus. Organisms giving this reaction have been found mainly in the intestine, but have been isolated in some instances from the tonsils. These researches are being continued and promise to yield explanation of some biological problems relating to diphtheria, and further, to establish even more surely the pathogenic importance of anaerobic infection in mental diseases. The results of these researches undertaken up to the middle of last year have been combined with those dating back for six years, including a large number of control cases, which have formed the basis of a Thesis presented in October 1930. (See page 107.)

(b) *Biochemistry and Haematology.*—The biochemical researches are being continued on all admissions, during treatment and also on discharge. It is anticipated that by thus collecting a large number of comparative data interesting results will be yielded, having a bearing upon the state of certain aspects of the body chemistry in the acute phase, convalescence, and after recovery from mental illness. It is being shown that blood biochemical function can vary considerably between one patient and another, and yet their mental picture may be closely parallel. Here we are probably confronted with an inherent somatic as well as neuronic predisposition to react in a certain manner and at a certain level to underlying toxic factors which, in very many instances, are proved to have a common etiology.

In contradistinction to this three years' work on certain aspects of the haemopoietic responses in mental disorder undertaken in some 200 cases, and the study of over 500 blood counts show that leucogenic activity bears a much more constant ratio to various phases of the mental picture, but may not always run parallel with the somatic side of the economy under certain pathological conditions. Broadly it can be stated, subject to certain reservations that leucopenia and a relative lymphocytosis is a common finding in the sub-acute or quiescent stage of mental illness, and in a number this is associated with a relative mononucleosis. These observations take into account the wide variations that are understood to be within the normal range. What determines this type of response has

yet to be fully elucidated, but I believe it is significant when correlated with the results of the bacteriological researches that have been undertaken in all these cases.

In the full text of the Thesis various aspects of neurotoxic action are discussed and it is probable that, apart from a specific haemopoietic reaction to bacillary types of infection so common in mental disorder, there may be also some subtle toxic effect which is inhibitory to normal and actively defensive leucogenesis essential in part to the maintenance of normal immunological reactions. Thus there is evidence in mental disorders of a lack of both quality and quantity in leucogenic response which would appear to be an almost fundamental aberration of a vital function, the relationship of the cause and effect of which, though understood in some of its aspects, has yet to be fully determined.

Vaccine therapy and the observations on the reactions of cases under treatment continues. Much greater use is now being made of detoxicated preparations, either stock or autogenous. They are found to be much safer and almost eliminate the risks of severe reactions, and are now given as a routine measure much earlier on in treatment of certain cases and with good results in the majority. The stock vaccine is prepared from carefully selected strains of anaerobic diphtheroid and leptothrix groups of bacteria along with certain types of intestinal streptococci.

C.—*The X-Ray Department.*

By Dr. W. M. FORD ROBERTSON and Mr. E. TRANMER.

In the past year a hundred patients were examined for whom 234 successful radiographs were taken. In no case where injury was suspected has X-ray diagnosis been omitted.

The routine stereoscopic survey of the accessory sinuses and skull has been continued on the same lines as last year. Sixty-three patients have been examined and, out of this number, no cases of sinusitis or antral infection have been discovered in spite of considerable progress in technique and of continued clinical observation for focal infection of the upper respiratory passages.

In six cases where kidney or bladder disease was in doubt, radiographic examination proved of considerable value in establishing a diagnosis.

Forty-two patients had a complete series of dental radiographs taken.

Early in the year, three of the latest types of X-ray tubes were added to the equipment and certain alterations made in the plant to eliminate all noise and to secure greater efficiency.

D.—*The Electrical Department.*

The Electrical Department and subsequent reports by Dr. W. M. FORD ROBERTSON.

1. Artificial sunlight by the Mercury Vapour Lamp. Eight patients received on an average nine general or local irradiations.

2. Diathermy.—11 patients were given this treatment of whom three had pelvic inflammatory conditions which were much improved as a result, considerable relief being afforded to the mental symptoms that occurred just before or during the menstrual period. These cases were proved to have well-marked bacterial infection of the endo-cervix especially on anaerobic culture.

In such conditions treatment by means of the vaginal electrode with thermometer and large indifferent electrode on the abdomen can be carried out with safety in all except negative or resistive patients. The fear of burning the apathetic type of case is very small when using a thermometer controlled electrically; only sudden movement of the electrode on the skin, imperfect contact or insufficient fixing will result in sparking and burns. The three patients were given on an average 19 treatments, varying from ten to thirty minutes in duration.

E.—Ear, Nose and Throat Department.

The clinical work in this field has continued in conjunction with the radiological and laboratory departments in pursuance of evidence of focal sepsis involving the upper respiratory passages and accessory sinuses.

In consultation with Dr. G. Broughton Barnes, F.R.C.S., Honorary Ear, Nose and Throat Surgeon to the Northampton General Hospital, six cases have been examined; of these, two required no surgical treatment, in one both sphenoids were explored under local anaesthetic and found uninfected, and in three patients tonsillar enucleation was carried out.

During the year the search for evidence of sinusitis as being a relatively common condition has proved, under the present methods of examination, contrary to the findings of other workers in this field. Circumstances, however, rarely make it justifiable to explore in order to obtain bacteriological evidence where radiological and clinical appearances would appear negative; thus it is possible that the condition in a few cases at least remains undiagnosed. In such, however, the inflammatory condition must, of necessity, be extremely mild.

F.—Pyrexial Treatment.

The policy of careful discrimination as to the suitability of cases for pyrexial therapy has been maintained; with the result that, although a relatively small number of cases have been treated with t.a.b., a much higher percentage reacted favourably and with considerable benefit.

Sulfosin has also been tried in both specific and non-specific cases with good reactions and wide temperature base. In some, good results can be recorded, while in others no benefit followed. Again the choice of case, as with t.a.b., is important. The painful local reactions constitute a considerable disadvantage in spite of measures to minimize this effect as far as possible.

G.—Dental Department.

(In collaboration with Mr. F. A. HUSBANDS, L.D.S., Visiting Dental Surgeon.)

Thirty fresh cases have come up for report during the year and 11 cases for re-treatment.

Radiographs have been taken in every case, and in addition to the usual series, films of the Bite-Wing type are now taken as routine, as these show up deep interstitial caries six months or more before it would otherwise be discovered. In several mouths four or five places needing attention have been discovered by this means, which would otherwise have been overlooked.

Several cases where a considerable amount of conservative work has been done, have come up for further treatment after periods of twelve months or more. In these, owing probably to the low state of vitality, lack of thorough mastication of a normal diet and inefficient cleansing, recurrence of caries is very marked.

A compressed air atomiser has been provided for use in the wards and it is suggested that prophylactic treatment and inspection every three months should be undertaken in all suitable cases as part of the Reception Hospital routine.

In five cases, the treatment recommended has not been sanctioned, and in several others has been modified or not fully completed, but the following table gives details of the work carried out during the year.—

Exams.	Extracts.	Fillings.	Sealings.	Dressings.	Retreatment.	Visits for attention to or provision of dentures.
30	75	98	14	2	11	24

H.—*Endocrine Therapy.*

Observations on the possible therapeutic application and value of various extracts have been continued as in previous years. Data relating to the influence of parathyroid extract given parentally along with calcium gluconate in certain mental states is being added to, along with the blood serum calcium content at various stages of treatment. That benefit is derived in cases with a certain nervous and mental symptom complex is undoubted, but the relationship between the clinical aspects and the laboratory findings requires further elucidation.

Intramuscular injection of standardized extract of anterior pituitary is also being the subject of study, and was initiated mainly on the grounds of certain peculiarities, found radiologically, of the pituitary fossa in relation to suspected developmental abnormalities which presented themselves in the clinical picture. Other extracts such as thyroid, ovary, and suprarenal are used as adjuvants to other treatments where indicated.

J.—*Therapeutics in Mental Disorders.*

In the past three years the application of the method of the "diagnostic survey" to the diagnosis of the underlying somatic factors in now over 200 cases of mental disorder has, apart from its obvious value from the point of view of research, proved of inestimable service, and not only determines the therapeutic lines to be followed, but to a great extent enables the clinician to judge which, out of many, should have precedence. The latter point is of importance in many cases, especially in those so inco-operative and mentally ill that little or no aid can be obtained in adequately controlling dosage and judging effects whether in medicinal or more specific forms of treatment.

The summation of the complete findings of the "diagnostic survey" in each case has enabled treatment to be individual and in the majority of cases much less empirical and more rational than if the clinical and psychological criteria alone were taken as a basis. This fact is substantiated many times over when one is faced with so many cases, rich in serious mental symptoms, and yet so strangely poverty stricken in clinical manifestations of a kind that would lead the averagely skilled physician to make a clear-cut diagnosis of physical disease and thus pave the way to the application of sound therapeutics. For this state of affairs which applies to so many mental cases, the method of "diagnostic survey" has revealed serious and sometimes almost wholesale physical disorder which would otherwise remain unrecognized. Whether these conditions are directly causal or an effect of the mental state cannot always be decided; the essential fact remains, however, that in a large number of cases the lesion or mal-function has so far advanced as to call for physical treatment, more especially as many have had their psycho-therapy or analysis and proved unsuitable, or had advanced to such a stage where all hope of success by such methods was abandoned. It seems only logical and scientific, therefore, to apply, after careful selection, the therapeutic armamentarium of to-day and to study and to control, wherever possible, the effects of treatment both in failures and successes alike. This has been one of the main objectives of this method of approach in its bearing upon the problem of mental disorder. The application of therapeutic methods to the individual are now, through

experience, being decided more by the case group, and thus it is hoped the foundations of rational therapy will be in the course of years built up.

The following brief outline of therapeutic measures which have undergone more or less extensive trial in the course of the past three years, summarizes those which, in one condition or another, have contributed to the relief of both the mental and underlying physical state.

1. *Hydrotherapy*.—(a) Baths, short or prolonged immersion varying from a few minutes to many hours. Temperature athermal, thermal or hyperthermal, according to the condition of patient and duration of bath. Action, sedative or mildly tonic.
- (b) Douches or sprays, stimulative.
- (c) Intestinal lavage for relief of constipation, tonic hardening of colon, spasticity and associated inflammatory conditions; medicaments in lavage water various.
- (d) Russian vapour bath and Turkish bath.

The above treatments have their most useful application in the detoxication of the system and prepare the way for more stimulative and specific measures.

2. *Dietary*.—In many the elimination of gross protein and the substitution for the ordinary diet of a fluid one composed of milk, eggs, cream, glucose, beef tea and certain prepared foods is frequently effective, especially in those cases where constipation and inflammation of the whole lower intestinal canal is present and where dehydration is a prominent feature.

3. Elimination or minimization of septic foci, upper respiratory, oral, gastric, intestinal and pelvic.

4. *Specific Measures*.—Vaccine therapy. Therapeutic immunization by means of autogenous vaccine, either the ordinary or detoxicated preparation. Compound stock vaccines made from selected strains of streptococci and bacteria of the anaerobic diphtheroid and leptothrix group. In commencing a course for the first time great advantage is obtained from using the detoxicated preparation which later can be followed by those of the ordinary type, either autogenous or stock.

5. *Pyrexial Treatment*.—The choice of case and stage in treatment is of great importance.

6. *Medicinal Therapy*.—The following are a few of those having approved value, letters (a) to (d) are now virtually established routine measures.

- (a) Intestinal antiseptic and spasmodic combined, especially in the Liquor Ferri Perchlor, Liquor Hydrarg. Perchlor, and Tinct. Hyoscyamus, each mins. 15, given T.D.S. before food. Tinct. Belladonna or the pure alkaloid.
 - (b) Intestinal adsorbents; Kaylene either as the powder or in oil.
 - (c) Laxatives; cascara, senna, compound vegetable laxative pill, liquid paraffin, occasional calomel and carthartics.
 - (d) Calcium salts; the gluconate or double calcium sodium lactate.
 - (e) Vitamins re-inforcement of (d) in calcium therapy and (b) in stasis especially due to enteroptosis.
 - (f) Ephedrine or other pressor substances in hypotonia.
 - (g) Endocrines; parathyroid, anterior pituitary given in standardized solutions parenterally, thyroid and liver extract administered orally.
7. Electrical, diathermy regional, artificial sunlight.

K.—A Study of the pathogenesis of the Anaerobic *Corynebacterium Diphtheriae*, Anaerobic *Diphtheroid* and Anaerobic *Leptothrix* infections in relation to the psychoses, neuroses, and neurotoxic states, compared with 260 cases of symptomatic physical disorder. (Ill. by 17 tables.) By Dr. W. M. FORD ROBERTSON.

A Thesis for the degree of M.D. (Psych. Med.) of Edinburgh University, awarded high commendation.

The following summary outlines the main details of this research:—

Section I. Introduction.—This deals with the circumstances of the past six years leading up to the present stage of this research. The experience gained by the valuable results of systematic biochemical, haematological and bacteriological examination in many chronic physical disorders and in some mental and borderland patients, both as a means of research and a starting point for rational treatment, led me to apply this scheme of diagnostic survey to all admissions to Wantage House. During the period of research amongst control cases, it was striking how very similar in one respect were the underlying physical disorders of the mental patients, the great difference being that from very few could a definite physical symptomatology be ascertained. The contrast between their bacteriological infections, especially in the intestine, was however, very marked, the latter having special types of anaerobic infection which were in every respect similar to those found in well-established mental cases investigated at the Scottish Asylums' Laboratory. This fact influenced me in extending the bacteriological side of the research, together with the application of strictly anaerobic methods, to all possible foci of infection in order to discover if these anaerobic species of bacteria had any etiological significance in insanity and allied conditions.

Section II. Historical Review.—This deals with the researches upon the bacteriology, toxicology and haematology of the psychoses and allied disorders, from 1875-1929. It contains forty-four references which are summarized in a bibliography at the end of this thesis.

Section III.—Classification of case groups and foci of infection studied in each, with table of cases on whom a diagnostic survey has been carried out. The total number of cases dealt with in this research is 450 and for convenience they are divided into four groups. Groups 1, 2, and 3 have a total of 189 cases, which are sub-divided into 145 cases of established mental disorder, 22 borderland cases, and a similar number which are classified as neurotoxic. The balance of 261 cases are controls. The mental cases are further sub-divided according to their psychological symptomatology, and fall into seven sections. The main features of each group are outlined and special mention made of Group 3 which, on account of their co-operation, capacity to respond to treatment, and appreciation of their condition, makes them particularly valuable for clinical and scientific observation. Further, it is this group of cases who, if treated early, respond well, but who, on the other hand, if disregarded, become amongst the most severe and often hopeless cases of mental disorder. Over a thousand bacteriological examinations have been carried out amongst the four case groups and of these in all but 124, anaerobic as well as aerobic methods have been employed. Out of the 450 cases, 209 have been examined by the method of diagnostic survey; of these 154 belong to the mental and allied case groups.

Section IV. Bacteriological Technique.—In this section a brief outline is given of the aerobic cultural methods, these having run parallel with the anaerobic technique. The composition and preparation of media, and a description of the special methods employed for ensuring strict anaerobiasis are given; also the method of sheep-bleeding and preparation of sterile serum and haemoglobin so essential to the study of anaerobic bacteria. The spectroscopic characteristics of the aerobic and anaerobic media are also mentioned. Methods of obtaining material to be cultured are

described and the need for special care with intestinal samples if good results are to be expected. The examination of the c.s.f. for evidence of growths of delicate anaerobes is also given, the technique employed yielding a percentage of positive results not obtained by other methods. The special uses of the different anaerobic media in the study of the anaerobic diphtheroid and leptothrix group, and the staining methods employed are also outlined.

Section V.—The anaerobic diphtheroid and leptothrix group:—Their cultural morphology and microscopical characteristics are described in detail and a classification table given which, though necessarily tentative, serves to indicate the main groups into which the anaerobic diphtheroid bacteria fall. Thus it has been necessary to divide the 312 strains into six cultural, and eleven microscopical sub-groups, a table being given to show their incidence and relationship to one another. The anaerobic leptothrix group is dealt with in the same way and is seen to be much more compact, only three sub-groups being at present necessary. The relationship of the anaerobic diphtheroid and leptothrix groups is also discussed.

Section VI.—Biochemical reactions of anaerobic diphtheroid and leptothrix groups. Twenty-one anaerobic diphtheroid strains and one facultative anaerobe tested in 5-9 different carbohydrates are described and given in detail in tabular form. The significance of the results is discussed in relation to the most authoritative views on the subject. Out of the 21 anaerobic strains, 7 given reactions of the Klebs-Loeffler bacillus, the one obligatory anaerobic strain also proving similar. Some of the remaining strains gave reactions which leave it a matter of opinion as to their being Klebs-Loeffler, others however are definitely relegated to the diphtheroid group. Of the anaerobic leptothrix group the sugar reactions of eleven strains are given and tabulated. The results show them to be varied in their fermentation power, no definite grouping as yet being possible. Glucose, dextrin, and laevulose are most frequently and strongly fermented by these bacteria. Their possible relationship to leptothrix *Buccalis* is also discussed.

Section VII.—Animal experiments. This section deals with the results of a limited number of experiments with guinea-pigs on which tests for virulence have been carried out. Eleven different strains of anaerobic diphtheroids, two giving Klebs-Loeffler sugar reactions, were inoculated by the subcutaneous or intra-peritoneal route. Nine strains proved non-virulent, one gave rise to marked toxic symptoms, while the last invaded the colon and was recovered in the stool of the animal post-mortem. The condition of cultural growth in relation to the production of toxicity, and the difference between virulence and toxic power are discussed. In connection with the former the feeding experiments on rats and mice carried out by Ford Robertson are cited as being striking proof of the capacity of the afore-mentioned bacteria in this direction. The present consensus of opinion that most of the diphtheroid group are non-pathogenic can be refuted on the evidence of the present research and various points are mentioned supporting this claim. The action of four strains of anaerobic leptothrix on animals is also given, as well as the results of past experiments having a bearing on the present work.

Section VIII.—Analysis of the aerobic and anaerobic bacteriological flora of the minor and major foci. In this section ten tables were given to illustrate the incidence of the numerous types of bacteria both aerobic and anaerobic that have been found in the various foci of infection in the control and mental groups. The method of assessment of the numbers of bacterial species is given and the reason for adopting the plus and plus-over-minus system up to the maximum of eight plus in any one culture discussed. The terms minor and major foci are explained, the former including all regions except the large and small intestine. The minor foci constituting oral sepsis are discussed in relation to their

importance as starting points for dissemination of infection throughout the body, especially in the formation of the major lower alimentary focus. Evidence is given of the significance and existence of lymphatic spread, reference being made to researches bearing upon the presence of oral sepsis as it affects gastric function and later the colon. Foci of infection other than the mouth and intestine that may become important pathologically are discussed, and the findings given of the incidence of anaerobic infection of the cerebro-spinal fluid, accessory sinuses, and uterus. The possible tracking of anaerobic diphtheria and leptothrix infection from tonsillar and dental foci to the intestine, is cited in several cases, and the importance of realizing that the latter forms the ideal nidus for these bacteria is emphasized. The question of how these infections originate and their relationship to the development and onset of mental illness is discussed, the influence of susceptibility, age, and other relevant factors being mentioned. Analysis of the tables definitely establishes how infinitely greater is the incidence of anaerobic diphtheroid and leptothrix infection in the mental and two allied case groups as compared with the controls. The diagnosis of the physical disorders in those controls having moderately severe and severe infections is given, these showing a fairly large proportion suffering from gastro-intestinal trouble and debility.

The occurrence of intestinal streptococcal infection in the mental groups is also discussed and related to the incidence in physical disorders. Comparison between the three sub-divisions of the psychogenic group is made, and the fact that the neuro-toxic group three cases bear as much anaerobic infection as do Group 1 stands out clearly. The inherent psychological instability of the psychasthenic and neurasthenic patient in contrast to the much greater resistance and driving force of the neurotoxic cases is suggested as being a reason for the difference of capacity to withstand neurotoxic action. It is emphasized, however, that in the latter this very fact may be their undoing and that breakdowns to them if it comes, is infinitely more serious. The need for the proper recognition and early medical treatment of such cases is stressed.

Section IX.—Neurotoxins and neurotoxic action. In this section the subject of neurotoxins receives consideration, the composition and action of the specific nerve poison of *B. tetanus* being compared with that of *B. diphtheriae*. The action of the two toxins is described in experimental animals and later correlated with those produced by anaerobes. The parallel development of toxicity and subsequent modification of *B. diphtheriae* and *B. tetanus* in cultures and in the body is discussed in relation to our present knowledge of the subject, and from this, conclusions are drawn regarding neurotoxic action as observed in animals and in man. Views as to the formation of special neurotoxins by the anaerobic Klebs-Loeffler and diphtheroid group are put forward, and the fact that they are similar except in degree to those produced by the *B. diphtheriae* is shown; further, it is claimed as being probable that they form even more specific neurotoxins which partly account for their selective action in mental disorder. Evidence of endotoxic action is given and regarded as an important additional factor, the exact neurotoxic role of which requires further investigation. Reference is made to the production of immunity and reasons given for probable deficiency in this respect. Correlation of established facts concerning our knowledge of the morbid changes occurring in the organs and central nervous system in insanity, has made it possible to formulate several hypotheses of the manner in which neuro-intoxication affects the economy in causing local and general changes which ultimately result in the dys-function and gradual degeneration of nerve cells belonging to the higher grades of psychic function. These practical and partly theoretical considerations are based primarily upon the evidence of local changes, and later upon those of a more general character. The condition of tonic hardening of the colon, and the abnormal reflex arc mechanism described by Wilson is given, and his

views confirmed from the writer's own observations on a hundred mental cases. It is claimed that this local lesion is a specifically neurotoxic one affecting Aurbach's plexus. The high incidence of severe constipation is correlated with tonic hardening, and the importance of the two in establishing extensive morbid changes leading to chronicity is discussed. Evidence of this is cited in the X-ray work of others and from the writer's own investigations in the subject. Another local effect of neurotoxic action is that upon the autonomic system which seldom escapes from the symptomatology of mental disorder. The views of Trotter on the insulation of the nervous system, and the importance of the maintenance of its integrity stressed if nerve function is to remain normal. Based on this theory, a new conception of the relationship of the somatic tissues to the nervous system is put forward in distinction to the effects of the usual meaning of the term environment upon the reactions of the central nervous system. The special protective structures of the brain are outlined in connection with the barrier action against systemic poisons, and the known facts of altered permeability in various mental disorders mentioned. Experimental evidence of bacterial toxins, amongst them diphtheria, in lowering permeability is cited. Morbid changes in the brain in mental disease are referred to, and the experimental and histological observations of three investigators given, having a bearing upon the process of nerve cell degeneration in man as being suggestive of neurotoxic action. The factors predisposing to neurotoxin fixation are discussed and correlated with recognised factors affecting the somatic side of the economy. A hypothesis based on the trophic function of nerves is put forward as being the expression of a generalised but less specific effect of neurotoxic action, resulting in the lowering of the vitality of the whole economy. This condition, which is termed neurotoxic atrophic effect, explains, the writer believes, much that is peculiar to the physical aspects of so many of the insane. Various instances are given to bear out this theory.

Section X.—The incidence of diphtheria in mental hospitals and other state institutions. Evidence relating to the absence of acute diphtheria in mental hospitals is given and compared with similar information regarding prisons and Borstal institutions. The conditions of isolation of the inmates are contrasted and the fact mentioned that the former are much more exposed to contact with those outside. The fact that carriers are occasionally found is in agreement with the finding that, in the writer's experience, between 40 per cent. and 50 per cent. are found to have either anaerobic diphtheroid or Klebs-Loeffler types in the throat. This, and the knowledge that the majority have the same infection in the intestine, results in a long acquired immunity which is sufficient to account for the absence of acute diphtheria. It is, however, admitted that relative isolation has a bearing upon this freedom. The pathogenesis of diphtheria and carriers of the organism in relation to the development of mental disorder is discussed, and its probable influence upon Public Health work mentioned. The results of establishing the relationship of diphtheria and allied infections to mental disorders is mentioned as ultimately leading to the recognition of the latent stage of the disease, and also to the association in the lay mind of the dread word, insanity, with a well-known acute physical disease. This, it is hoped, will assist in affecting early diagnosis and treatment on medical and therapeutic lines.

Section XI.—The diagnostic survey, its influence on treatment, medical and psychotherapeutic. In this section reference is made to the psychological aspects of mental disorder as they would appear to be affected by this method of diagnostic survey with its great scope for instituting medical treatment based on rational lines. The great importance of psycho-therapy is stressed but it is mentioned that its value can be enhanced if those who practise it will seek fuller co-operation

with the scientist and physician. The writer maintains that the place of psychotherapy in the scheme of treatment will be changed to the time of convalescence after the weakening effects of serious physical illness, this being to the advantage of both patient and psychotherapist alike. The task of mental rehabilitation and the correction of abnormal psychic processes would appear to be more rational at this stage than labouring with patients who cannot, or will not, give their co-operation on account of the underlying physical disease. The absence of true physical symptomatology in insanity is made the justification for the adoption of the diagnostic survey as a means of diagnosis and treatment. The writer refers to his experiences and results in this direction as justifying the amount of time and patience required. Reference is also made to child-psychology and the importance of this field of psychotherapy, the writer, however, maintaining that the somatic or physical aspects must not be overlooked if failures are to be avoided.

Section XII.—CONCLUSIONS.

1. The adoption of strict anaerobiasis and special conditions of nutrition have been shown to be essential to the carrying out of this research. It follows from this that, if anaerobic cultural technique is omitted in the bacteriology of insanity, the greater and most important part of the flora is inevitably missed.
2. The fact that anaerobic Klebs-Loeffler species exist in the tonsils and intestinal tract has been established, and in association with them are numerous closely allied bacteria belonging to the anaerobic diphtheroid group.
3. Strictly anaerobic species of leptothrix bacteria have been found which are probably closely related and similar in toxic action to the anaerobic diphtheroids. As a group they are more clearly defined, and have aerobic species which usually show strongly facultative anaerobic habits.
4. Both groups by ordinary methods of animal experiments are non-virulent to guinea-pigs, but may prove mildly toxic, and would appear to have an affinity for the lower alimentary canal.
5. Systematic methods of bacteriological examinations have clearly demonstrated the importance of the colon as the main focus of infection for the strictly anaerobic species of bacteria, and that it is possible to trace them to their source in the minor foci of infection.
6. The incidence of these organisms has been carefully compared in controls and those suffering from definite mental disorder, borderland, or neurotoxic states. The results show conclusively how infinitely greater is their occurrence in insanity and allied states, a fact which, it is claimed, must have an etiological significance of the greatest importance.
7. Of the two sub-groups the neurotoxic cases are regarded as being potentially much more liable to severe and lasting mental breakdown than those belonging to the psycho-neurosis and neurasthenias.
8. From the study and comparison between the action of known neurotoxic bacteria and the anaerobes in question, there would seem little doubt that the latter have a similar but necessarily modified toxic action to the former.
9. That in this process of modification special more specifically acting neurotoxins are formed which exercise a more selective action on the central nervous system.
10. Endotoxic action is regarded as being an important additional factor in the production of neurotoxaemia.
11. That neurotoxic action, in addition to effecting slow degenerative changes in the nerve tissues of the brain, has marked local effects, especially on Aurbach's nerve plexus and the automatic system.

12. That the condition of tonic hardening of the colon results in perverted function of the reflex arcs centred in the cord and can give rise to disturbances of cerebral function; further, that tonic hardening is productive of the later and more extensive morbid changes in the lower alimentary canal, and of establishing the conditions of severe toxæmia that lead to permanent mental disorder.
13. Absorbtion of neurotoxin from the alimentary canal or elsewhere may reach the brain by two possible routes, one by the systemic circulation, the other via the nerve trunks and spinal cord.
14. That the almost negligible incidence of diphtheria and carriers in mental hospital patients is mainly due to the fact that they are already infected with anaerobic Klebs-Loeffler and closely allied organisms and thus have an acquired immunity.

Summary of Tables.

The table below illustrates the comparison between the incidence of aerobic and anaerobic diphtheroid and leptothrix infections found in the minor foci taken collectively as against the major focus the small and large intestine.

Focal site.	No. of foci examined.	Aer. Diphth.	Anaer. Diphth.	Aerobic Lepto.	Anaer. Lepto.
Minor foci tonsils, teeth, stomach, c.s.f., etc.	207	33 (15.4%)	50 (24.2%)	7 (3.3%)	6 (1.9%)
Major focus (intestines), totals and %.	145	(16.5%)	(87.8%)	(6.2%)	(59.6%)

Of the minor alimentary foci the tonsils with 40 per cent. have been found to bear the highest occurrence of anaerobic diphtheroid infection, and the teeth next with nearly 30 per cent. In 22 cases the c.s.f. is striking in having the high figure of 31.8 per cent. of anaerobic diphtheroids, 4 out of 6 cases of general paralysis give cultural growths of these bacteria.

The following table illustrates the incidence on admission of anaerobic diphtheroid infection in the major focus (the intestines) in the four case groups.

—	None.	Mild.	Mod. to Mod. severe.	Severe to v. severe.	Total infected.
Groups 1, 2 and 3, combined.	12.2%	7.9%	51.9%	28.1%	87.8%
Controls, Group 4 ...	52.0%	27.6%	18.0%	2.3%	47.9%

These percentages show that mental cases and the two allied groups have a strikingly greater diphtheroid infection both in severity and numbers of cases affected. It will be seen that the mental groups have virtually 40 per cent. more patients bearing infection than the controls, and this difference is in reality greater as fully half the cases on subsequent examination proved to have larger numbers of diphtheroid and leptothrix organisms, the percentage showing an absence of this flora approaching about 5 per cent. in place of 12 per cent. Taking the lower figure of 5 per cent. as being nearer to the real facts, approximately

13 per cent. of the mental groups have either mild or no diphtheroid infection, whereas 80 per cent. of the controls come under this category. Forming a great contrast to this, 80 per cent. of the mental group have moderate to very severe infection against the controls' 20·3 per cent.

The following table shows the same facts for the anaerobic leptothrix group.

—	None.	Mild.	Mod. to Mod. severe.	Severe to v. severe.	Total infected.
Groups 1, 2 and 3 combined.	43·4%	17·5%	34·9%	4·2%	59·6%
Controls, Group 4 ...	90·8%	7·6%	1·6%	0·0%	9·2%

The general incidence of infection is lower than for the anaerobic diphtheroids, but the contrast between the control and mental groups is even greater. The occurrence of infection is approximately 50 per cent. greater in the mental groups. In them 60·9 have either absent or mild infection as against 98·4 per cent. in the controls. The mental group also have approximately 40 per cent. with moderate to very severe infection in distinction to the 1·6 per cent. in the controls. It would thus appear that anaerobic leptothrix infection is comparatively rare in physical diseases.

L.—*Observations on Sulfosin and Tryparsamide treatment in a case of neuro-syphilis where the clinical and laboratory diagnosis were at variance, ultimate recovery.*—By Dr. W. M. FORD ROBERTSON and Dr. D. M. TUDOR.

Mr. A., aged 59. Syphilitic extra-genital infection contracted six years prior to present illness, W.R. + +, treated. General health good up to few months of mental symptoms. Arsenical treatment given for five weeks two months prior to onset of mental disorder which commenced with nervousness and depression, later confusion and anxiety.

March 14th, 1930:—Mental state on admission—confused, very depressed, anxious, restless and frequently deluded and hallucinated, but able to converse at times coherently. Physical state—impoverished, very toxic, mouth in septic state, tongue furred. C.N.S.: pupils equal, right sluggish to light, left normal, both reacted to accommodation. Reflexes, abdominal absent, patellar both increased, “floppy,” ankles slightly increased, Babinski negative.

Laboratory findings:—Blood count R.B.C. normal, Hb. deficient, Polymorph leucocytosis 11,600. Blood biochemical, CO₂ 63 cc. per cent., V.D.B. negative, calcium 10·2 mgb. per cent., W.R. — —.

Glucose tolerance—normal curve without glycosuria. Fractional test meal—hyperchlorhydria, motility normal, no gastritis, peptic activity normal, culture negative. Urine normal. C.S.F. lymphocytes 18, NPN. 24 mgm. per cent., chlorides 0·65 per cent. Globulin +, albumin 0·105 per cent., Lange curve 3344433221. W.R. + +.

Bacteriological intestinal flora, aerobic culture, B. coli +, streptococci faecal types + + + +, oral types +, diphtheroid ±, anaerobic culture, B. coli, ±, leptothrix number 1 + + +, leptothrix number 2 —, diphtheroid —, streptococci + + +.

Progress:—During the first fortnight after admission the mental and physical state showed deterioration and a suicidal attempt was made. Owing to his poor condition pyrexial treatment by malaria was thought inadvisable and sulfosin substituted. The course was commenced on March 27th, ten injections being given in gradually increasing doses from 1·5 cc. up to 8 cc. at intervals from 3 to 5 days. The reactions were satisfactory from the point of view of temperature and duration. The maximum peak temperature reached was 104 degs. and the lowest 101·6 degs., temperature base varied from 10 to 24 hours. The mental state showed exacerbation

during the period of temperature and became more marked towards the end of the course but was usually followed by an interlude of improvement for 12 to 24 hours; latterly, however, these better periods did not occur. The physical condition did not improve though nothing untoward happened during the phases of pyrexia.

Four days after the first sulfosin injection a lumbar puncture gave the following results. Pressure 11 cm., cells 33, albumin 0.105 per cent., globulin +, Lange curve 5555554321, W.R. + +, anaerobic culture negative.

After the fourth sulfosin injection the c.s.f. gave very similar results. Pressure 12 cm., cells 40, albumin 0.105 per cent., globulin —, Lange curve 5555543100, Thurzo's bicolour reaction, 0344443100.

Just before the ninth sulfosin injection the c.s.f. underwent a change. Pressure 11 cm., cells 36, albumin 0.0528 per cent., globulin —, Lange curve 0013222100, Thurzo's bicolour reaction, 0244421100, W.R. + +.

For some days after the last injection although confused he was quieter and had short lucid periods within sight.

May 5th, 1930:—July 19th, 1930:—A course of tryparsamide 2 to 3 gm. intravenously, 13 doses were given once weekly. During nearly the whole of this time there was no obvious improvement mentally or physically, the patient remaining confused, very deluded, and hallucinated, with violent and very resistive episodes alternating with lucid periods lasting for a few hours.

Sleeplessness was also a very marked feature. For the past 3 weeks of the course, however, some slight improvement set in terminating again in a violent phase.

Between July 22nd and July 31st, three small doses of sulfosin were given with good reactions, but were discontinued owing to the marked exacerbation of mental symptoms, resulting in restless and violent periods which were undesirable owing to his poor physical condition. From August 6th to October 6th, 1930, a second course of weekly doses of Tryparsamide was commenced, but owing firstly to the lack of response to the initial course, and also to the fact that some better means of combating the unresolved oral sepsis and intestinal infection should be tried, parathyroid extract $\frac{1}{20}$ gr. was given parenterally daily and calcium gluconate by mouth drachms 2 BD. Sedative baths were given daily and a colon lavage along with intestinal antiseptics orally as constipation was now very severe. After five weeks of this treatment, during which five teeth were extracted, the first signs of definite mental improvement set in, the patient being calmer, only occasionally impulsive or violent, and periods of lucidity and insight lengthened out. His physical state showed appreciable improvement with slight gain in weight and condition. From this time onwards rapid progress was made and, apart from occasional periods of confusion accompanied by hallucinations of hearing, his conduct was quiet and at times normal. The physical health and bodily functions made rapid strides, sleep returned and weight increased steadily.

For three weeks his treatment was confined to intestinal antiseptics, alkalis, and occasional sedative baths; progress continued, the delusions and hallucinations disappearing. Conduct was calm and rational.

October 30th to November 20th, 1930:—Four doses of tryparsamide given without disturbance, physical state steadily improving.

Blood Wassermann + ±.

November 28th, 1930, to January 20th, 1931:—A course of intestinal vaccine was given in doses from 50 mm. to 500 mm., to which only very slight reactions occurred. Progress rapid and satisfactory during this time, patient now out and about and conduct satisfactory in every way, physical condition greatly improved.

December 11th, 1930:—Lumbar puncture. Pressure 11 cm., cells 6, N.P.N. 23 mgms. per cent., albumin 0.026 per cent., globulin nil, Lange curve 0112211000, Wassermann + +, anaerobic culture negative.

February 2nd, 1931:—Discharged and returned home recovered.

Laboratory Findings:—Blood count improved, blood biochemical normal Wassermann +, c.s.f. pressure 13 cm., cells 6, albumin 0.026 per cent., globulin nil, Lange curve 0012322100, Wassermann + +. C.N.S. abdominal reflexes active, patellar slightly increased, ankle normal, Babinski negative, pupils equal reacted briskly to light and accommodation.

Comments:—The mental picture throughout the course of illness was atypical of general paralysis and the delusional trends or hallucinations never assumed a grandiose character. The reactions of the C.N.S. were indefinite and the sluggish light reaction of the right pupil could be elicited only after careful testing and was not observed again after the first three weeks. The general appearance of the patient and the history of onset were also unlike g.p.i.

The initial findings of the c.s.f. were diagnostic of cerebral syphilis

and if no other sample had been examined except on recovery the diagnosis would probably have rested there. On two occasions separated by an interval of 16 and 8 days respectively the findings, especially the gold curve, were typical of general paralysis and a parenchymatous process. A meningo-vascular syphilis is almost excluded and clinically there was no doubt as to the complete absence of headache.

The development of the c.s.f. towards the pareitic reaction and the increase in cell content can hardly have been influenced by one period of sulfosin pyrexia towards the reactive and therefore more positive side; further, after the fourth injection, when time for therapeutic effect seemed possible, the c.s.f. was unchanged, and it was only at the end of the course that the gold curve and other findings became modified. This suggests, we believe, that the pathological lesion in the brain was an early one, and probably would have been of a fulminating type leading to rapid mental deterioration with delirium, stupor and death. The pyrexia, although ineffective in modifying the mental symptoms, appeared to check the course of the disease.

The first long course of tryparsamide was surprisingly ineffectual considering it followed close upon the observed effects of the sulfosin, and whether the second series of pyrexial phases, if they had been continued, would have been helpful or otherwise cannot be judged. Owing to the state of the patient it was decided to continue anti-syphilitic measures with those designed to combat the underlying toxic factors, mainly dental and intestinal, the latter infection being markedly neurotoxic in character. For this purpose parathyroid and calcium treatment along with thorough adjuvant hydrotherapy was instituted, and later, as soon as possible, a number of septic teeth were removed. The latter half of this period of two months' treatment was gratifyingly successful, and rapid progress continued even during the three weeks in which only detoxication by hydrotherapy was being carried out. Four doses of tryparsamide were given following this respite, with maintained improvement. The c.s.f. was now normal except for a mild luetic curve and double positive Wassermann. During the last two months nothing but vaccine treatment and small doses of Hydrarg. cum creto were given and in this time rapid progress towards complete mental normality was made, the patient being discharged recovered. The c.s.f. showed almost normal findings as before.

This case illustrates we believe the value of considering the question of specific infection as only one factor in etiology. Subsequent treatment was based mainly on intestinal toxic infection of a special type, and it was only when this was being adequately dealt with by methods which from experience are of unquestionable value that recovery without residual mental impairment became possible. There was no evidence from the anaerobic culture of diphtheroid invasion of the brain, and the process may have been only indirectly toxic from the intestine. Sinusitis in this case is definitely excluded.

M.—*Mental Disorders associated with the severe Anaemias.*—Report by Dr. NORMAN R. PHILLIPS, D.P.M.

Hitherto the association of mental disorders and the severe anaemias has not received the attention which is its due in this country. Several observers in other countries, however, have drawn attention to the mental aspect of pernicious and other severe anaemias. The subject has become much more important since the introduction of the liver treatment.

The mental symptoms are apparently secondary to the anaemic condition and are curable just as the underlying condition is curable by modern methods of treatment. It is very essential to realise that the mental disorder may be so pronounced as to obscure the primary disease. This may lead to grave mistakes in diagnosis. Such a catastrophe can only be avoided by a systematic examination of the blood in all cases where there is any suspicion.

I may mention three cases of mental disorder which have received liver treatment during the year 1930.

Case 1.—Miss A., aet. 43. Admitted as a voluntary boarder in February, 1930. She was said to be suffering from "hysterical paraplegia." There was a history of cystitis, and she had recently healed bedsores. Examination of the blood at once showed that she had severe pernicious anaemia. A test meal confirmed the presence of achylia gastrica. She also had advanced subacute degeneration of the spinal cord. Ataxia was so marked that she could only stand if supported on either side by a nurse. Mentally she had delusions of persecution and suspicion.

Treatment and progress:—She was put on $\frac{1}{2}$ lb. of fresh liver daily. From time to time this was replaced by liver extract. In June the patient developed delirium with terrifying hallucinations. In October the patient began to show improvement. In November improvement was more marked. About the middle of December the patient lost all her delusions, showed perfect insight, and her mental state became normal. The red cell count rose from 1,056,000 (on admission) to 4,592,000 (December 15th, 1930). The improvement in her general health is shown by her increase in weight from 6 st. 7 lbs. to 9 st. The degeneration of the spinal cord has unfortunately progressed somewhat, but there is marked improvement in the ataxia. This is probably due to the improved general health and muscle re-education.

Case 2.—Miss B., aet. 46. Admitted as a certified patient on August 10th, 1930. She was suffering from delusions of persecution and marked auditory hallucinations. There was confusion, and she was depressed. She had attempted suicide recently. Shortly after admission she became delirious with grotesque hallucinations. Blood examination showed she was suffering from severe anaemia with a loss of haemoglobin out of proportion to red blood corpuscles. There was slight anisocytosis, microcytes were present, and poikilocytosis was marked. R.B.C. 4,352,000.

Treatment and progress:—The patient was put on liver treatment. About the middle of September she showed considerable improvement. Insight into her condition became very good, and she was able to realise the absurdity of her former delusions. From that time on she made an uninterrupted recovery, and on November 6th she went out on trial. She was discharged recovered a month later.

Case 3.—Miss C., aet. 43. A certified patient, admitted in March, 1929. *Family history.*—One sister insane. *Personal history.*—First attack in January, 1927. In 1928 pernicious anaemia diagnosed. Her mental state improved with liver treatment, and she was discharged from certificates. Unfortunately the treatment was discontinued and she relapsed.

State on admission:—She was suffering from delusions of persecution. She was confused and she had auditory and visual hallucinations. Later this condition merged into a delirious state. Blood examination showed that she was suffering from pernicious anaemia. C.N.S. examination showed the presence of subacute combined degeneration of the cord.

Treatment and progress:—This patient has been on liver treatment. She has shown considerable improvement at times, but there is an undoubted tendency for the mental symptoms to recur at intervals. The fact that this case has not responded to liver treatment in such a striking manner as the other two cases reported may be accounted for by the family history which indicates a predisposition to mental disease.

It is noteworthy that in these three cases the mental syndrome resembles that described by other observers, viz.:—confusion, delusions of persecution, and a tendency to delirium.

Dr. Norman R. Phillips' paper on this subject was contributed to the Quarterly Meeting of the Royal Medico-Psychological Association in February, 1931.

N.—*Tryparsamide and Sulfosin in General Paralysis, and subsequent Reports.*—By Dr. D. J. O'CONNELL, D.P.M.

Tryparsamide and Sulfosin in General Paralysis.—During the year 1930 six patients suffering from parenchymatous syphilis—three cases of tabo-paresis and three of g.p.i.—have been treated by tryparsamide. In three of these cases sulfosin was also used. This group of cases, with one exception, had previously been treated by malarial inoculation. In this exceptional case it was found impossible to obtain any reaction either by direct inoculation by the mosquito or by the injection of infected blood. The progress of the disease was checked in each case by malarial therapy,

but no physical or mental improvement was noted until tryparsamide was commenced.

A course of tryparsamide consisted of six weekly intramuscular injections. In four cases four courses have been carried out, while the two remaining have had one each. One of this group has been discharged; the others are still under treatment. The intensity of the Wassermann reaction has not been diminished, but in all the biochemical findings tend to approach the normal. Mental and physical improvement is noted in each case, with one exception. In this case the mental picture has become one of dementia praecox, with the physical signs of tabo-paresis.

The combination of sulfosin and tryparsamide produced a striking result in one case, the case mentioned above in which it was found impossible to infect with malaria.

On admission he was paralysed, incoherent, emaciated, destructive, and his habits were defective. He had cystitis and bedsores were with difficulty prevented. Tryparsamide was started at once and response was not long delayed. He put on weight and with increasing strength developed grandiose ideas; for instance, he stated that he had built the Suez and Panama Canals. These delusions disappeared and he was for a while comparatively well and a trial was contemplated. Unfortunately, however, he developed auditory and visual hallucinations at this stage, with resultant secondary delusions. Sulfosin was started; ten injections were given. The average temperature was 102 degs. F. and there were no complications. The hallucinations have since faded, but if questioned closely a few of the delusions arising from them are evident, otherwise his behaviour is normal.

Physical improvement following the use of tryparsamide has been so marked, that its place in the order of treatment has now been reversed. We now advise that one course of tryparsamide should be given before malarial therapy, more particularly in cases with marked physical weakness. By this modification we hope that the anxiety which accompanies malarial therapy may be diminished.

The use of Quinine Urethane.—One case of hydrocele of many years standing and two cases of varicose veins have been successfully treated by this method.

Morley's carbolic acid method proved satisfactory in three cases of haemorrhoids.

Sulfosin in Dementia Praecox.—Production of pyrexia by sulfosin was tried in 1930, as a remedial measure in a small group of cases of dementia praecox. In each case the course consisted of ten injections on alternate days. The pyrexia produced showed no relation to the dosage; the average rise throughout was 102 degs. F. Although some physical improvement was noted one month after treatment, the group was too small to warrant any further conclusions being drawn. The only noted complication in this form of treatment was the presence of intense pain at the site of injection.

Chorea and Parathyroid.—The effect of parathyroid was tried in a case presenting all the clinical features of Huntington's chorea, without the necessary family history, with somewhat unexpected results. The patient became so very noisy that its use was of necessity discontinued. Following an interval treatment was again commenced with the same results. It was considered that the ataxia was controlled to some extent during administration. The gland extract was given by the mouth on both occasions.

O.—Dental Department (Main Hospital).

Report by Mr. GAINSFORD REED, L.D.S., visiting Dental Surgeon to the Main Hospital, St. Andrew's Hospital.

During the year 1930, 135 patients received dental treatment and 839 attendances were made by patients. Reports were sent in on 108 cases.

In approaching the treatment of those patients who are mostly of the chronic type, one's activities lay in removing the source of pain and septic conditions in the mouth and giving efficient powers of mastication in those cases where the patients would co-operate in the use of dentures. Several instances of marked improvement, both mentally and physically, have been observed in those cases where extremely septic conditions have been treated.

The importance of eliminating oral sepsis as a factor in the causation of mental disease continues to be investigated in the chronic cases as well as the acute.

Dental treatment has been possible in all except a few of the chronic cases.

Dental treatment is fully as important in mental diseases of over a year's duration as it is in more recent cases. It has been found that, in the case of a patient suffering from delusional insanity, the removal of septic teeth gave great improvement in the general condition, insomuch that the patient took his food better and his physical condition improved, whereas, previously, he had refused food.

Many of the patients' mouths showed acute gingivitis, large deposits of hard and soft calculus, pyorrhoea—either general or localised—and dental caries. As regards the last-named there is not noticed the rapid type in the chronic cases of mental disease, in spite of the fact that the patient is, in many cases, unable to pay due attention to oral hygiene. The chief pathogenic feature is the unhealthy gums leading up to suppurative inflammatory conditions, and, in some cases, to stomatitis, occasionally of the ulcerative type.

It has been found, in cases where the patient is unable, or refuses, to tell that he or she is having pain, that the removal of septic foci of acute infection is generally followed by a distinctly beneficial effect on the mental state.

I have had the opportunity of examining the Dental Radiographs taken in the X-ray Department in several cases of patients in the Main Hospital, and have found them very useful in the diagnosis of doubtful and obscure cases of oral sepsis.

The following is a summary of the work completed throughout the year, viz. :—662 teeth extracted; 94 fillings; 135 scalings and gum treatments; 23 dressings; 35 new dentures supplied; 50 dentures repaired or re-modelled; 46 patients received general anaesthetics for teeth extractions; 33 patients received N₂O and local anaesthetics for teeth extractions.

XXXVI.—FROM STOKE PARK COLONY, STAPLETON, BRISTOL.

General Report.—By Dr. R. J. A. BERRY, F.R.C.S., Director of Medical Services.

The research scheme initiated by the late Dr. R. W. Branthwaite, suspended almost before its inception by his illness and untimely death, has now been put, with the active and liberal support of the late Warden, the Revd. H. N. Burden, and the present Warden, Mrs. R. G. Burden, into a greatly extended operation.

The research laboratory has been completed and re-fitted and there has been appointed a medical consultant and research staff, comprising some of the leading consultants of the University and City of Bristol and of the City of Bath. Research work has been commenced by this staff on a group of 200 adult female high grade mental defectives; and a complete examination is being made of the general medical and bio-chemical

condition, of the mental, neurological, and psychological state of the patients, the Wassermann reactions, the conditions of the eyes, ears, nose and throat, together with X-ray examinations of the skull. The general conception underlying this research scheme is that mental deficiency is primarily due to a lack of development of the brain and nervous system, chiefly due to embryological errors operative before birth, and that the condition is not a disease and is hence largely incurable. Any factor which interferes with brain growth is, therefore, important, because if it can be found and removed, some improvement may occur. It would be unwise to speak, as yet, of "results," but the general impression conveyed by the observations so far made is that mental deficiency is attended by a general lack of embryological development covering parts of the body other than, and in addition to, the brain and nervous system. The receptor organs of sight and hearing appear to be distinctly subnormal; microcephaly is almost universally prevalent; the physique and bodily proportions are stunted, and a positive Wassermann is obtained in 20 per cent. of cases.

The several examinations are revealing other interesting features, and the microscopic examination of the cerebral cortex in those cases where post-mortems have been conducted promises some highly significant results.

During the past year the Director of Medical Services gave a demonstration at Stoke Park to members of the British Association for the advancement of Science and the Eugenics Society, when about 250 attended. The demonstrations were published in *The Eugenics Review* for October, 1930, pp. 171-182. There is also in the press a work from the pens of Dr. R. G. Gordon and the Director of Medical Services on mental deficiency, intended for the guidance of the profession and the lay public.

With its great wealth of clinical material, its well equipped research laboratory, and its large consultant medical staff, Stoke Park now affords many facilities for post-graduate study in mental deficiency, application for which, together with any further information, should be made to, and may be obtained from, the Director of Medical Services.

XXXVII.—FROM CALDERSTONES MENTAL DEFICIENCY INSTITUTION, WHALLEY.

Report of Research.—Communicated by Dr. F. A. GILL, Medical Superintendent.

Routine Laboratory Work.—The following examinations, etc., have been made during the year:—

Bacteriological.—Faeces and rectal swabs for dysentery and concomitants, 414; faeces for other pathogenic organisms, T.B., etc., 91; sputa for T.B., 31; urines, 32; throat swabs, 12; vaccine preparations, 8; miscellaneous, 17.

Serological.—Sigma reactions, 879; agglutination reactions, 157.

Bio-chemical Urines.—Routine, 287; sugar estimation and test for ketones, 248; urea concentration test, 2; miscellaneous estimations, 32.

Milk, 2.

Blood.—Van den Bergh's reaction, 1; sugar estimation, 7; non-protein nitrogen estimation, 9; uric acid, 1.

Microscopical.—Urines, 97; R.B.C. counts, 17; W.B.C. counts, 17; haemoglobin and colour index, 17; differential leucocyte counts, 21; reticulated red cell counts, 1; abnormal blood cells, 21; ringworm, 4; miscellaneous, 2.

Post-mortems, 4.

Dysentery, Female Side.

An idiot girl aged 8 years was found to be passing relaxed stools on admission: there was a history of diarrhoea, *B. coli anaerogenes* was grown from her stools, and her blood serum agglutinated the *B. dysenteriae* Flexner X (Oxford Standard). She has been permanently segregated.

A low grade imbecile boy, aged 7½ years, who was admitted July 25th,

1929, developed an acute feverish attack in S.2 ward. He passed blood, mucus and relaxed and green stools. No definite pathogenic organism was grown from his stools, other than *B. coli mutabilis*. Unfortunately a sample of his blood could not be obtained at the time.

S.2 ward accommodates idiot and imbecile school boys, many of whom must have been exposed to dysentery infection previous to permanent segregation of dysentery cases becoming effective throughout the female side of the institution.

The ward was placed in quarantine for a period of three weeks, and during that time all patients were made to use chambers and their stools were inspected by a senior nurse. Any suspicious cases were immediately isolated in another ward, their stools cultured on at least six occasions and their agglutination reactions investigated.

Thirteen boys were isolated in this manner, with the following results :—

B. paracoli was found in 6 (2 positive agglutinations).

B. faecalis alkaligenes was found in 1 (1 positive agglutination).

These 7 boys have accordingly been segregated with other old dysentery patients. None of them were in any way ill, and they were accordingly not notified.

The stools and blood serum of the remainder were normal, except that 4 were found to be suffering from thread worms.

One hundred and fifty specimens of faeces were examined bacteriologically during the year—104 for diagnostic purposes and 46 from relapses of dysentery.

In the 104 diagnostic specimens there were found :—

<i>B. paracoli</i>	in	16	specimens	from	5	patients.
<i>B. faecalis alkaligenes</i>	„	1	„	1	„	
<i>B. coli anaerogenes</i>	„	1	„	1	„	
<i>B. proteus vulgaris</i>	„	3	„	1	„	
<i>B. coli mutabilis</i>	„	10	„	7	„	

In the 46 specimens from relapses of dysentery there were found :—

<i>B. dysenteriae</i> Flexner	in	3	specimens	from	3	patients.
<i>B. paracoli</i>	„	5	„	2	„	
<i>B. pyocyaneus</i>	„	2	„	2	„	
<i>B. guimai</i>	„	1	„	1	„	
<i>B. coli mutabilis</i>	„	6	„	3	„	
<i>Escherichia neopolitana</i>	„	2	„	1	„	

B. coli mutabilis and *Esch. neopolitana* are not considered pathogenic.

Twenty-five specimens of blood serum have been examined by Dreyer's method against the standard Oxford emulsions of *B. dysenteriae* Flexner, strains V, W, X, Y, and Z. 9 gave readings above the normals.

There have been no further cases of dysentery outside the dysentery wards since the one case in S.2, which occurred on January 25th, 1930.

The number of chronic and relapsing cases steadily declined during the year, and at present there are usually not more than 2 or 3 under treatment at any one time.

Sigma Reactions.

The following tables give in summarized form the results of the examinations (1924–30) of patient's blood serum by the standardized sigma reaction.

All new patients are now submitted to this test shortly after their admission, and the admission lists of previous years are being steadily worked through, those discharged, transferred, dead or released on licence being necessarily omitted.

All the male epileptic patients have further been subjected to the test.

—	Positive.	Negative.	Total.
1930.			
Males over 16 ...	3	77	80
Males under 16 ...	—	30	30
Females under 16 ...	—	22	22
Females over 16 ...	1	43	44—176
1929.			
Males over 16 ...	3	58	61
Males under 16 ...	—	17	17
Females under 16 ...	—	22	22
Females over 16 ...	3	37	40—140
1928.			
Males over 16 ...	3	75	78
Males under 16 ...	2	48	50
Females under 16 ...	—	18	18
Females over 16 ...	1	40	41—187
1927.			
Males over 16 ...	1	67	68
Males under 16 ...	2	26	28
Females under 16 ...	1	17	18
Females over 16 ...	7	66	73—187
1926.			
Males under 16 ...	2	38	40
Females under 16 ...	2	35	37
Females over 16 ...	6	44	50—127
1925.			
Males under 16 ...	—	30	30
Females under 16 ...	1	36	37
Females over 16 ...	2	49	51—118
1924 (incomplete).			
Males under 16 ...	—	11	11
Females under 16 ...	—	27	27
Females over 16 ...	3	110	113—151

1924-30.	Positive.	Negative.	Total.	Percentage Positive.
Males over 16 ...	10	277	287	3.48
Males under 16 ...	6	200	206	2.91
Total males ...	16	477	493	3.25
Females under 16	4	177	181	2.21
Females over 16 ...	23	389	412	5.58
Total females	27	566	593	4.55
Grand total	43	1,043	1,086	3.96

In addition, a total of 146 male epileptic patients have been examined with four positive results. This equals 2.74 per cent. 28 of this batch of 146 are included in the above totals.

XXXVIII.—FROM THE MANOR (LONDON CO.) MENTAL DEFICIENCY INSTITUTE, EPSOM.

General Report.—By Dr. E. S. LITTELJOHN, Medical Superintendent.

Effort is being made to obtain some really reliable family histories.

Wassermann reactions have been carried out with a view to ascertaining the existence of congenital syphilis among defectives. Facilities now exist for obtaining normal control bloods, owing to the philanthropic action of London Scouts.

The work carried on is part of that organized by the Clinical Research Committee of the Royal Medico-Psychological Association, and is being done in conjunction with other institutions.

XXXIX.—FROM THE LEAVESDEN (LONDON CO.) MENTAL HOSPITAL.

Report on Research Work.—By R. M. STEWART, F.R.C.P., D.P.M., Medical Superintendent.

A.—*Laboratory Investigations.*

A summary of 1,189 examinations during the year is appended.

Tests for infections.—Typhoid in faeces and urine, 416; agglutinations, 87; blood cultures, 8; dysentery, 57; salmonella, 3; K.L.B., 7; tuberculosis, 99; Diazo and Russo's tests, 24; malaria, 2; intestinal worms, 66; miscellaneous, 43.

Routine examinations.—Urine, 262; faeces, 6; blood cells and Hb., 56; c.s.f. 3; pus cell count in urine, 38.

Chemical analyses.—Sugar tolerance test, 2; blood calcium, 1; calcium in brain, 3; fractional test meal, 1; c.s.f. chlorides, 1; Van den Bergh's reaction, 2; analysis of well-water, 1; nature of vomit, 1.

Histological work.—130 specimens were embedded, cut, stained and examined. Of these, 125 were from the nervous system and were for research purposes, while 5 were from other organs and were examined to check post-mortem diagnoses.

Original work.—Work was commenced on an investigation into the morphology of the brain and its relation to intelligence. 40 brains have been collected so far, and are being studied intensively from this point of view. At present most of the work is preliminary in type and consists of testing technique, etc.

The pepsin digestion of brain tissue was investigated thoroughly (see above), as well as the influence of fixing agents on peptic digestion *in vitro*.

Felix' method of 0 agglutination was applied to enterica carriers to investigate the value of the method in the detection of carriers. The results have been published (*Journ. Path. and Bact.*, xxxiv, 1931, p. 109).

Salkind's lead-gum method of embedding histological specimens was investigated, the various factors disentangled, and the method established on a rational basis.

B.—*Mental Deficiency and its Relation to Venereal Disease.*—By Dr. R. M. STEWART, F.R.C.P., D.P.M.

In considering the influence of environment it is important to remember that the life history of the individual commences not with birth, but conception, so that the child, though not leading an independent existence, is for the first nine months none the less exposed to numerous extraneous influences. It is especially during the later period of gestation that metabolic disturbances or disease may injuriously affect the offspring, and of the diseases known to occur in utero by far the commonest and most important is syphilis. During pregnancy, apart from the influence of

syphilised maternal blood, there is a constant opportunity for invasion of the foetal tissues by the spirochaete pallida. From the anatomical evidence it appears that gross syphilitic brain disease is relatively uncommon in congenital syphilis, and the lesions when present are usually those characteristic of general paralysis. This does not mean, however, that syphilis cannot lead to an arrest of development of the most highly differentiated and specialised tissues of the body, namely, the cerebral cortex, for since we know that syphilis can cause infantilism in the children of syphilitic parents without these children showing any gross lesions of a syphilitic nature, it seems not illogical to assume that a similar influence may be responsible for arrest of cerebral development.

The Wassermann reaction, provides a more satisfactory means of diagnosing the existence of syphilitic infection than is afforded either by inspection or by inquiries into the history of the person concerned. Unfortunately, the results of this test show little uniformity in the hands of different workers, the percentage of aments with positive reactions varying from 3 to 55 per cent.

In the literature from other countries the results are far from uniform. Ravaut and his co-workers examined 246 cases, of which 76 were found to give a positive reaction, while Kellner and others obtained only 9 positive reactions in a series of 216 cases. Lippman examined 78 cases and found 9 per cent. positive. Dean, working in the laboratory of Wassermann, found that out of a total of 330 tests 15.4 per cent. were positive.

In 1911 Thomsen and others examined 2,061 patients and found that only 31 gave a positive reaction.

In America, Key and Pijper, in 1923, reported an incidence of 55.2 per cent. positive reactions in 217 cases of amentia, at the same time emphasising their opinion that syphilis alone could not be responsible for the amentia in all of these cases.

Weiss and Izgur, of New York, tested the sera of 1,633 patients and found evidence of syphilis in less than 3 per cent.

Some years ago I tested 800 patients in the Leavesden Mental Hospital and obtained a positive reaction in 19.75 per cent. This figure approximates rather closely to the results obtained by Dr. Gordon in a sister institution, who obtained positive reactions in 66 aments out of a series of 400, but it has to be noted that in both hospitals, and particularly at Leavesden, many of the patients were in the lower grades of mental deficiency, so that it cannot be claimed that the cases in either inquiry were unselected.

Even when this difficulty of selectivity has been overcome, further work will be necessary in order to determine whether the incidence of congenital syphilis is markedly greater in the various grades of mental defect than in non-defective children, for obviously its association with feeble-mindedness proves nothing in the absence of figures to show that the association is really more frequent than the occurrence of congenital syphilis in the non-defective. In America an attempt to answer this question has been made by Dayton. He compared the incidence of congenital syphilis in 9,183 cases of mental defect with that in 16,156 cases of non-defective children and obtained only a slight margin of difference. In those mentally defective, congenital syphilis was present to the extent of 5.4 per cent., while in those not defective it was noted in 4.3 per cent. of cases, and Dayton concludes that this small difference of 1.1 per cent. indicates that as a cause of mental deficiency congenital syphilis is of small importance.

The evidence supplied in the "Wood" report seems to point to a definite increase in the number of defectives, and there will be justification for assuming some connection between syphilis and amentia if it can be shown that this increase in the number of defectives is paralleled by a rise in the incidence of venereal disease. According to *The Lancet* of April 26th, the certified death-rate from congenital syphilis has fallen from 2.03 per 1,000 births in 1917 to 0.17 in 1928, and if this is an indication of a

definite decline in venereal disease one must obviously be chary of attributing to syphilis an important rôle in the causation of mental defect.

(*Health and Empire*, 1930, v. 283.)

C.—*Congenital Facial Diplegia*.—By Dr. R. M. STEWART, F.R.C.P., D.P.M.

Two types of congenital facial paralysis may be recognized. In the first and more common variety the paralysis affects one side of the face only, and is seldom total; nor is it as a rule accompanied by ocular palsies or other congenital malformations. Cases of unilateral facial palsy have been recorded by Stephan, Bernhardt, Schultze, Minor, Marfan and Delille, Souques and Heller, Apert, Goldreich, Falloux, Bonnet-Roy, Delherm, Wilbrand and Saenger. In the second type, the paralysis is bilateral and usually total; in the majority of cases certain of the external muscles of the eyes are involved and other congenital malformations may be present. The clinical features of this type appear to have been first described by Graefe in 1880. When, as in this case, the paralysis is incomplete, the muscles which escape are almost invariably those in the neighbourhood of the mouth and chin. Of this type are the cases described by Procopovici, Möbius, Batten, Taylor, Fry, and Woltmann.

Complete paralysis of the sixth and seventh pairs has been reported by Harlan, Möbius, Decroly, Fryer, Schapring, Kahlmeter, Kirby, Chisolm, Cabannes, and Leszynsky. The anatomical relationship of these nerves, within the brainstem explains why they are so frequently implicated together, but it is also possible for the third and fourth cranial nerves to be involved, as in Recken's case, where partial facial diplegia was accompanied by a complete external ophthalmoplegia, or again as in a case reported by Möbius where the inferior recti were paralysed.

Less frequently three or four cranial nerves are concerned. Thus, paralysis of the motor fifth has been recorded by Schapring, and by Fry and Kassak; paralysis of the facial and hypoglossal nerves by Woltmann and Schmidt; and paralysis of the sixth, seventh and twelfth by Kirby and Batten. With the solitary exception of the case of Graefe, there are no records of disturbance of the sensory cranial nerves, and it is important to note that although the extrinsic ocular muscles are often affected those concerned with pupillary reactions invariably escape.

The congenital malformations which may be encountered are very diverse. Double epicanthus has been described by Schrapinger, bilateral absence of the lachrymal caruncles by Schrapinger and Chisolm, deformed ears by Thomas, funnel breast by Schrapinger, absence of the pectoralis major and mamma by Woltmann, prominence of the eyes by Thomas, recession of one eye by Graefe, fused or dwarfed fingers by Möbius, Saignon and Woltmann, shortness of limbs by Fryer, club foot by Kirby and Lennon and diastasis of the abdominal muscles by Lennon. Saignon and Bertein refer to the possibility of visceral lesions.

The author describes a case of congenital facial diplegia occurring in an adult male imbecile, and discusses the etiology and pathology of the condition.

(*Jour. of Neur. and Psychopath.*, 1930, x.xl., 317.)

D.—*The Clinical Diagnosis of Congenital Syphilis*.—By Dr. R. M. STEWART, F.R.C.P., D.P.M.

An account of the physical signs seen in late congenital syphilis, based on a study of 190 cases seen in the wards of the Leavesden Mental Hospital.

(*Jour. Ment. Science*, 1930, lxx, vii.)

E.—*Cerebro-spinal fluid pressure in hydrocephalus and microcephalus.*—
By Dr. G. DE M. RUDOLF, M.R.C.P., D.P.M.

The Seeliger apparatus was used to measure the pressure in twelve adult cases of hydrocephalus and in twelve adult cases of microcephalus. The patients varied from 17 to 52 years of age and were of both sexes. The records were taken with the patients lying on the right side with the legs fully flexed. Observations showed that the extension of the head lowered the pressure in 10 of the hydrocephalic cases and in 9 of the microcephalic. In both groups the means of the female cases were lower than those of the male. Some cases of hydrocephalus gave readings higher than normal, but no case of microcephalus gave a reading above normal. The highest readings (290–310 mm.) occurred in a male hydrocephalic case whereas the lowest 65–75 mm.) occurred in a female microcephalic.

No relationship was established between the cerebro-spinal fluid pressure and the systolic blood-pressure or the age of the patient. The fluids showing a positive globulin reaction were among those cases with the lower readings. All fluids gave a negative Wassermann reaction.

(*Jour. Ment. Science*, 1930, lxxvi, 692.)

F.—*O Agglutinins in Enterica Carriers.*—By Dr. W. R. ASHBY.

The H. and O agglutinin titres were measured in the 7 carriers and also in 5 controls. It was found that the O agglutinin titre was raised in all, and that, confirming Felix and Olitzki, it was independent of previous inoculation. The great advantage of estimating O agglutinins is that it is independent of previous inoculation. Like the H agglutinins, however, the O agglutinins are occasionally of low titre in a known positive case.

(*Journ. of Path. and Bact.*, xxxiv, 1931, 109.)

G.—*A Cell for the Measurement of the Specific Conductivity of the Blood Serum.*—By Dr. W. R. ASHBY.

The usual cells used in physical chemistry were found to be quite unsuitable for this purpose so a new type was worked out and found to be completely satisfactory. A description of the cell is given in the paper. The work was done elsewhere.

(*Biochem. Journ.*, xxiv, 1930, 1,557.)

XL.—FROM THE CATERHAM (LONDON CO.) MENTAL HOSPITAL.

Report by Dr. T. LINDSAY, D.P.M., Medical Superintendent, of work carried out by Dr. K. C. L. PADDLE, M.C., D.P.M.

During 1930, 120 cases (27 f., 93 m.) suspected on clinical grounds of suffering from syphilis had both blood and c.s.f. examined for the Wassermann reaction. The results were as follows :—

Strongly Positive.			Positive.		Weakly Positive.		Negative.		Total Positive.		Total Cases.	
M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Blood	5	6	12	1	5	5	71	15	17	7	93	27
C.S.F.	1	5	9	2	4	3	79	17	10	7	93	27

Excluding weak or doubtful positives we get the following :—

				Number of cases.	Percentage.
Blood+	...	...	...	24	20
C.s.f. +	...	...	...	17	14
Blood+	}	...	...	15	12.5
C.s.f.—					
Blood—	}	...	...	8	6.6
C.s.f. +					
Blood, c.s.f. or both+			...	32	27

It will be noted that in 32 cases in which blood, c.s.f., or both, were returned definitely positive, in as many as 8 or 25 per cent. of the positives the c.s.f. only was positive, the blood of the corresponding cases being either negative or doubtful. This would appear to indicate the advisability of having both blood and c.s.f. examined as a routine measure in all cases suspected of syphilis.

Further work is being done on these lines and another group of new admissions examined.

The serological examination was carried out at the Southern Group Laboratory of the Metropolitan Asylums Board under Dr. McCartney.

XLI.—FROM FOUNTAIN (LONDON CO.) MENTAL HOSPITAL, Tooting, S.W. 17.

Publications.—Forwarded by Dr. JAMES NICOLL, Medical Superintendent.

1. Stigmata of Degeneration in Mental Deficiency. By NOEL H. M. BURKE, L.R.C.P., D.P.M. *Proc. of the Royal Society of Medicine*, Feb., 1931, Vol. XXIV (*Section of Psychiatry*, pp. 11–26).

2. Acute Haemorrhagic Pancreatitis in a Congenital Idiot.—By META MACKENZIE, M.B. *British Journal of Children's Diseases*, April–June, 1930, Vol. XXVII, pp. 109–112.

XLII.—OUT-PATIENT TREATMENT OF MENTAL ILLNESS.

1. FROM THE CARDIFF CITY MENTAL HOSPITAL.

The Utility of the Psychiatric Out-Patient Clinic.—By Dr. J. S. I. SKOTTOWE.

In view of the renewed impetus given to the interest in out-patient clinics at General Hospitals by the passing of the Mental Treatment Act, 1930, a comprehensive review is made of the utility functions of such clinics. This is based upon a study of 500 cases over a period of about five years. Although these clinics have been in operation since about 1889, there is still only a very small number of cases sent to them. This is partly owing to ignorance on the part of the public, and partly because many cases are sent to Poor Law Hospital observation wards. The practical points arising in the management of such clinics are discussed. The suggestion is made that, until Psychiatric Hospitals such as the Maudsley and Jordanburn can be erected in sufficient numbers to provide a nation-wide service, the most useful arrangement is to hold an out-patient clinic at a General Hospital, but to have it managed by members of the staff of the neighbouring mental hospital. It is found that a staff of three psychiatrists meeting for a period of two to three hours weekly is required to deal with an annual influx of 100–120 new cases. In addition, a nurse and a trained social worker are essential. Equipment can be very simple, consisting of three rooms: one for examination of new patients (which need not be private), and one for patients of each sex who are attending for psychotherapy. These must be private. This accommodation is on the understanding that the three psychiatrists are present together—an arrangement which, of course, can easily be varied

to meet local conditions. Beds should be available in the General Hospital for the investigation of organic cases whose mental symptoms are not gross. These constitute about 5 per cent. of all cases. About 25 per cent. of cases seen are fully developed mental illnesses, and require institutional care. It is held that, although these cases cannot be treated at the clinic, a very valuable service is given to them, their relatives and their family practitioners by the consultative advice which is available, this often being the deciding factor where a patient's relatives are unwilling to accept the family practitioner's opinion that the patient should be in a mental hospital.

About 60–70 per cent. of all cases are psychoneuroses, mild or early psychoses, and behaviour problems. These are eminently suitable for treatment as out-patients. Treatment is mainly by (a) psychotherapy and (b) social service. As most of the patients are not of a high intellectual status, psychotherapy must be of the practical commonsense variety, and the persuasionist doctrines of Dejerine have been found most useful, adjuvated where necessary by the teachings of other schools. Social service is used in about 25 per cent. of cases. It not only has diagnostic value, but, properly used, is a valuable therapeutic agent, particularly in behaviour problems. It is concluded that the utility of the psychiatric out-patient clinic may be expressed under the following six heads:—

- (1) It brings psychiatry and general medicine closer together.
- (2) It provides unparalleled clinical experience for students.
- (3) It establishes closer relationship between mental hospital patients and their physicians by paving the way for their admission and by providing a follow-up or after-care service.
- (4) It provides a consulting service for all classes, and in this respect, particularly with difficult relatives, it is a great help to the general practitioner.
- (5) It provides treatment for cases not ill enough to justify their admission to a mental hospital, and yet who will not recover without some form of treatment.
- (6) It paves the way for enlightenment of the lay mind on the subject of mental illness and puts it on a proper footing.

2. FROM THE WEST RIDING MENTAL HOSPITAL, WADSLEY, SHEFFIELD.

Out-Patient Mental Clinics at the Sheffield General Hospitals.

Dr. Gillespie and Dr. Thorpe continue to attend once a week at the Royal Infirmary, and Dr. Mathieson and Dr. Sykes at the Royal Hospital. The former assisting Dr. Yates and the latter Dr. Mould.

The attendance at these clinics continues to be satisfactory.

Under Dr. Yates at the Royal Infirmary:—

New cases	...	...	...	...	...	...	...	116
Attendances of old cases	...	...	...	...	...	...	...	893
Total attendances	...	...	...	...	...	...	...	1,009

The classes of cases dealt with have been as follows:—

Manic-depressive states	...	...	...	...	...	...	18
Dementia præcox	...	...	...	...	...	...	8
Epilepsy	...	...	...	...	...	...	15
General paralysis of insane	...	...	...	...	...	...	4
Psychoneuroses	...	...	...	...	...	...	54
Other psychoses	...	...	...	...	...	...	10
Involutional cases	...	...	...	...	...	...	7
							116

Of these cases, 64 were recommended to the clinic by outside practitioners, 20 by the mental hospital staff, and 32 by the Royal Infirmary medical staff. The number of cases previously patients at this mental hospital was 20.

Under Dr. Mould at the Royal Hospital :—

New cases	...	...	...	...	...	...	...	100
Attendances of old cases			...	...	...	...	...	908
								<hr/>
Total attendances			...	...	...	...	...	1,008
								<hr/>

The classes of cases dealt with have been as follows :—

Manic depressive psychosis	...	...	...	...	...	...	...	32
Epilepsy	...	...	...	...	...	...	...	14
Neurasthenia	...	...	...	...	...	...	...	14
Primary dementia		...	...	...	...	...	...	10
General paralysis of insane	...	...	...	...	...	...	...	5
Imbecility	...	...	...	...	...	...	...	5
Paranoia	...	...	...	...	...	...	...	4
Arteriopathic dementia	...	...	...	...	...	...	...	3
Other psychoses and psychoneuroses	...	...	...	...	...	...	...	13
								<hr/>
								100
								<hr/>

Of these cases, 47 were recommended to the clinic by outside practitioners, 37 by the mental hospital staff, 15 by the Royal Hospital medical staff, and one case was sent from the School clinic.

APPENDIX A.

Circular No. 745.)

September, 1930.

Mental Treatment Act, 1930.

I am directed by the Board of Control to transmit for the information and guidance of the Local Authority, the enclosed copy of a memorandum reviewing in detail the provisions of the Mental Treatment Act, 1930.

The Act is largely based on the findings of the Royal Commission and the main principles embodied in it may be summarized as follows:—

(1) The preventive treatment of incipient mental illness by the provision of out-patient clinics and extended facilities for voluntary treatment.

(2) A further advance in assimilating the treatment of mental illness to that of other forms of illness, (a) by provisions under which certain cases may be temporarily placed under care and treatment without "certification," and (b) by the opportunities afforded of associating the general hospitals (municipal and voluntary) in the treatment of mental illness.

(3) Extended provision for after-care and for systematised research into mental illness.

(4) Dissociation of the treatment of mental illness from the poor law.

(5) Various important alterations in terminology reflecting the more enlightened view now taken in regard to mental illness.

The Act further provides for a re-organisation of the Board of Control; for the transfer of certain powers now vested in the Minister of Health to the Board, in the interest of quicker working; for certain improvements and adjustments in relation to the Local Authorities responsible for the mental health services; and for affording to persons administering the Lunacy and Mental Treatment Acts a greater measure of protection against litigation.

The Act marks a great and striking advance in the law governing the treatment of mental illness. It has already formed the subject of discussion with representatives of Local Authorities in conference on the 22nd and 23rd of July. The Board hope that Local Authorities will give its provisions their full consideration at an early date, and, in the light of the accompanying Memorandum, will review what steps should be taken to give effect to the Act in their area. For their part the Board will be glad to co-operate in every way possible to ensure the fullest realization of the possibilities of progress which the Act affords.

To the Clerk of each Local Authority
and the Clerk of each Visiting Committee
in England and Wales.

Memorandum on the Mental Treatment Act, 1930.

[N.B.—The Act comes into operation on 1st January, 1931, with the exception of Sections 15 (2), 16, 18 and 19, which came into operation on the passing of the Act, i.e., 10th July, 1930.]

VOLUNTARY PATIENTS.

(Sections 1—4.)

1. Sections 1—4 of the Act provide a new and complete code for voluntary patients. The existing provisions as to voluntary boarders in the Lunacy Acts, 1890-1891, are repealed in the Fourth Schedule; but so much of them as is appropriate to the new proposals is re-enacted.

As from January 1st, 1931, the term "voluntary boarder" will cease to be used, and all persons admitted at their own request either under the principal Act or under Local Acts (see section 20 (3)) will be described as "voluntary patients."

2. The most important change is the provision in section 1 for the admission of voluntary patients into any institution within the meaning of the Act (i.e., any mental hospital or other premises maintained by a Local Authority for the purposes of the Act, as well as a registered hospital or licensed house), or into any hospital, nursing home or place approved for the purpose by the Board of Control. Thus, the admission of voluntary patients is no longer restricted to registered hospitals and licensed houses, as was the case under the Lunacy Acts, of 1890-1891.

3. The powers of Local Authorities with regard to voluntary patients are further specified in section 6 (2). They may receive, maintain, and treat a voluntary patient in any institution under their control, fixing such terms and conditions as to payment or otherwise as may be agreed; or, with the approval of the Board, they may contract for the reception and treatment of such patients in any registered hospital or in any hospital or nursing home approved by the Board of Control under section 1 (1).

4. This provision constitutes one of three forms of early mental treatment contemplated by the Act, viz., treatment as a voluntary patient or as a temporary patient or as a patient at an out-patient clinic. In all three cases the Act allows much latitude as to the place where the treatment may be given, the public mental hospitals and the general hospitals (voluntary and municipal) coming into the scheme.

As to the treatment of voluntary patients will be a new undertaking in public mental hospitals, the Board think it may be helpful to Local Authorities if they indicate a few salient considerations based on their experience of the treatment of voluntary patients in other institutions and on their examination and discussion of the problem in the course of the passage of the present Act. The proper accommodation and classification of voluntary patients constitutes, of course, the main problem. The voluntary patients with whom the mental hospitals will be called upon to deal will include :—

- (a) recent cases who have either been admitted as voluntary patients or re-graded within a year after admission as temporary or certified patients; and
- (b) certified cases who have been under care at least a year and may be of long standing; such, for example, as many of those who now enjoy a large measure of parole.

For many of these cases, the existing facilities in public mental hospitals may be found adequate. But Local Authorities will have to consider the special problem presented by voluntary patients whose symptoms are so incipient and mild as to have rendered them hitherto inadmissible to public mental hospitals. The Act is designed to bring within the range of treatment cases in the earliest stages of mental illness. These patients may be very sensitive and critical of their surroundings and the benefits and popularity of the Act will be lost if they find themselves in proximity to patients whose symptoms are acute and distressing. Where a mental hospital has a good admission hospital or admission wards with ample facilities for classification, there will probably be advantages in admitting voluntary patients thereto for thorough mental and physical examination. When this has been completed, if the patient does not require to be treated in bed, he might with advantage be placed in the appropriate unit for convalescent patients. These considerations point to the urgent need for the provision of an admission hospital and villas for convalescent patients at mental hospitals that are not yet so equipped.

5. But, as already indicated, the Act contemplates that the resources of the general hospitals should be available for the treatment of incipient mental illness. Where there is a large general hospital conveniently situated within the area, it is very important that the Local Authority should consider using the powers conferred on them under section 6 (2) and arrange, if possible, for the reception of voluntary patients by contract in cases where the symptoms of the patient and the facilities at the hospital indicate that this course is desirable. In any such arrangement, however, it is essential that the medical staff of the mental hospital should be associated with the treatment of the voluntary patients.

6. The voluntary patient may be admitted on making "written application to the person in charge," i.e., the medical superintendent in the case of a public mental hospital (see section 21 (1)). No medical recommendation is required, except in the case of a minor, as explained in paragraph 7 below. Further, the Local Authority are empowered to fix the terms and conditions on which they will maintain and treat voluntary patients. The medical superintendent will accordingly have a discretion, subject to the directions of the Local Authority, as to the admission and length of stay of persons seeking treatment as voluntary patients. But in regard to their admission and in fixing the terms on which they may receive treatment, Local Authorities will no doubt realize the importance of regarding voluntary treatment as a preventive measure. They are empowered to provide such treatment both for private patients and for rate-aided patients; and in the latter case voluntary treatment may result in the early recovery of patients who otherwise might ultimately come into the hands of the Authorities in a condition requiring, perhaps, prolonged treatment at the public expense. It may, therefore, prove the truest economy to afford facilities for voluntary treatment on terms which will not discourage the mentally ailing from seeking it at the earliest possible moment. For these reasons, Local Authorities should aim at limiting any charge to the lowest practicable figure.

7. Section 1 (2) introduces for the first time statutory provision for the voluntary treatment of a minor. A person under the age of 16 may be received on the application of the parent or guardian. This application must be supported by a medical recommendation which section 1 (3) requires to be made either by the usual medical attendant or by a medical practitioner who has been approved by the Board of Control or by the Local Authority. Local Authorities, therefore, have power to approve medical practitioners for the purpose of making recommendations under this section. The Board are taking steps to secure the advice of a representative medical committee in regard to the approval by the Board of medical practitioners for the purposes of this section and of

section 5 (3) ; and they will in due course communicate with Local Authorities in regard to practitioners approved by the Board and any suggestions of the committee which may be of assistance. Local Authorities may therefore consider it advisable to defer taking any action under section 1 (3) until they have received a further communication from the Board.

8. Sub-sections (1) and (2) of section 2 require notices to be sent to the Board of Control on the reception, death or departure of a voluntary patient. The forms of notice will be prescribed by Rules made by the Board under section 15.

9. Attention is drawn to the circumstances in which a voluntary patient must be permitted to leave or must cease to be treated as a voluntary patient :—

- (a) Under section 1 (5), a voluntary patient may leave on giving to the person in charge 72 hours' notice in writing of his intention to do so. In the case of a minor, any such notice must be given by the parent or guardian.
- (b) Under section 2 (3), if a voluntary patient becomes incapable of expressing himself as willing or unwilling to continue to receive treatment, he must be discharged within 28 days, unless in the meantime he has again become capable of so expressing himself, or steps have been taken to deal with him under section 5 of this Act or as a person of unsound mind under the principal Act.

In these provisions, the period of 72 hours and 28 days respectively is designed to afford an interval during which any necessary communication may be made with the friends or relatives of a patient and the stability or otherwise of his condition may be observed.

It will be appreciated that as a general rule it is undesirable that any person should be certified as of unsound mind in the institution which he entered as a voluntary patient. Where certification is deemed necessary the patient should, if practicable, be removed, unless this course is inexpedient in the interests of the patient or the safety of the public.

10. The attention of Local Authorities is drawn to section 2 (4), which requires that if the parents or guardians of a minor received as a voluntary patient prove to be incapable of performing or refuse or persistently neglect to perform their duty as such, the person in charge must send a report to the Board of Control who will give such directions as are necessary.

11. Section 3 provides that a Commissioner of the Board of Control may visit a voluntary patient at any time, and if the Board are of opinion that the mental state of any such patient renders him unfit to remain on a voluntary footing, they may order the person in charge either to discharge the patient or to take steps to have him dealt with either under section 5 of this Act or under the principal Act.

12. The chargeability of rate-aided patients received for voluntary treatment is governed by the principal Act, Part X of which will be applied by rules under section 15 and Third Schedule, paragraph (2).

TEMPORARY PATIENTS.

(Section 5.)

13. Section 5 introduces a new procedure for the benefit of the person who is not able to appreciate incipient mental trouble and seek treatment voluntarily nor, on the other hand, to indicate unwillingness to receive it. Hitherto, such a case could ordinarily be detained under treatment only after certification. But section 5 provides for temporary treatment without certification. The class of patient to whom this section applies is the person " who is suffering from mental illness and is likely to benefit by temporary treatment, but is for the time being incapable of expressing himself as willing or unwilling to receive such treatment." These are called " Temporary Patients " in the Act.

14. The procedure for the reception of such cases is prescribed in sub-sections (2)—(5) of Section 5. The cardinal point of the new provision is that the procedure does not involve any order by a magistrate. There must be an application in the form prescribed in Part I of the First Schedule ; and the application must be made, if possible, by the husband or wife, or by a relative of the person to whom it relates, or, on the request of the husband or wife or of a relative, by a duly authorized officer of the Local Authority within whose area the person is. If the application is made by any other person it must contain a statement of the reason why it is not made by one of the above mentioned persons, and of the connection of the applicant with the patient. Local Authorities will observe that they are required to authorize one or more of their officers to act when necessary under this section.

15. The application must be accompanied by a medical recommendation in the form set out in Part II of the First Schedule, and signed by two medical practitioners as provided in sub-section (3) of section 5. One of these must be a medical practitioner approved by the Board of Control, and, as stated in paragraph 7 above, arrangements in regard to this are under the consideration of the Board. The other must, if practicable,

able, be the usual medical attendant of the person to whom the application relates. The proviso of the sub-section prohibits certain persons from signing a recommendation in the case of a patient who is to be received in a licensed house or nursing home or in single care. Further requirements in regard to the recommendation are contained in sub-sections (4) and (5), which provide for the examination of the patient and prescribe certain intervals of time after which the recommendation ceases to be effective.

These requirements should be carefully studied by the medical officers of institutions, as they affect the validity of the application upon which a temporary patient may be received and detained.

Upon an application duly made, a temporary patient may be received in any institution maintained by a Local Authority (*i.e.*, a mental hospital or other premises maintained by a Local Authority for the purposes of the Act) or into a registered hospital or into any licensed house, hospital or nursing home approved by the Board; or, with the Board's consent, into single care.

16. The powers and duties of Local Authorities are defined in clause 6 (1), which provides (*a*) that it shall be the duty of every Local Authority to investigate the needs of their area and to provide and maintain suitable accommodation for the reception of temporary patients; and (*b*) that they shall have power, subject to the approval of the Board of Control, to contract for the reception and treatment of such patients in any registered hospital or in any licensed house, hospital or nursing home approved by the Board of Control under section 5 (1).

17. Many of the considerations outlined in paragraphs 4 and 5 in regard to voluntary patients will apply to the provision of facilities for the treatment of temporary patients. The purpose of the section is to enable incipient mental cases to receive treatment without incurring what has been called the "stigma" of certification. It is, of course, appreciated that many of the patients whom the Local Authority will be called upon to treat under section 5 of the Act will be persons who would otherwise have required treatment as certified patients under the principal Act, and Local Authorities should consider how far existing accommodation can be used for them and how far it will be prudent to provide fresh accommodation.

The Act contemplates the possibility of differentiating these temporary cases from the certified. In particular, Local Authorities will doubtless bear in mind, in this connection also, that they are empowered to contract with general hospitals for the reception of this type of case.

18. Upon the reception of a temporary patient into an institution maintained by a Local Authority, section 5 (6) prescribes that notice, together with a copy of the application and of the medical recommendation, must before the expiration of the second day after the day on which the patient was received be sent by the Clerk of the Institution (*a*) to the Board of Control and (*b*) to the Clerk of the Visiting Committee. Upon the reception of a patient into any other institution, hospital or home, the notices must be sent by the person in charge (*a*) to the Board of Control and (*b*) (in places not "within the immediate jurisdiction of the Commissioners" as defined in the Third Schedule of the Lunacy Act, 1890)* to the Clerk to the Visitors of licensed houses for the district.

Section 5 (7) provides for notices to be sent similarly in the case of the death or departure of a temporary patient.

19. Sub-sections (9) and (10) make provision for the visitation of a temporary patient within one month of his reception. In the case of a patient received in any institution which has a Visiting Committee, this visit must be made by two members of the Committee. In any registered hospital, licensed house, hospital, nursing home or single care it must be made by two of the Visitors of licensed houses, of whom one is to be the medical visitor. In the area within the immediate jurisdiction of the Board, as defined in the Third Schedule of the Lunacy Act, 1890, this duty will be performed by the Board. The persons making the visit are required either to sign a statement that the patient should in their opinion continue to be detained, or, if they are of opinion that it is not proper that he should be detained, to send before the expiration of the second day after their visit a report to the Board of Control.

20. Treatment under the provisions of this section is limited (sub-section (11)) to a maximum period of six months, subject, however, to the provision of sub-section (13)

* Places within the immediate jurisdiction of the Commissioners are defined in the Third Schedule of the Lunacy Act, 1890, as follows:—

"The cities of London and Westminster, the counties of London and Middlesex, and the following parishes and places; (that is to say), Barnes, Kew Green, Mortlake, Merton, Mitcham and Wimbledon, in the county of Surrey; Southend, in the county of Kent; and East Ham, Leyton, Leytonstone, Low Leyton, Plaistow, West Ham, and Walthamstow, in the county of Essex; and also every other place, if any, within the distance of seven miles from any part of the cities of London or Westminster, or of the borough of Southwark."

that if it is anticipated that the patient will not recover within six months, but his early recovery appears reasonably probable, the time may be extended for such further periods as the Board of Control may direct. Each extension may not exceed three months and the further periods may not exceed six months in all. The Board of Control will make rules prescribing the form and the evidence or recommendations necessary to support the application for an extension.

21. The provisions in regard to the discharge of temporary patients are as follows :—

- (a) Under sub-section (12), if the temporary patient becomes capable of expressing himself as willing or unwilling to continue to receive treatment, he may not thereafter be detained for more than 28 days, unless in the meantime he again becomes incapable of so expressing himself.
- (b) Under sub-section (14), the Board of Control may at any time either direct the discharge of a temporary patient or direct that steps be taken to deal with him under the principal Act as a person of unsound mind.
- (c) Under sub-section (15), the provisions of the principal Act relating to the discharge of persons of unsound mind are also applied to any person received as a temporary patient, subject to such modifications and adaptations as the Board of Control may by rule prescribe. Thus, the existing provisions of the principal Act, so modified, will apply to temporary patients in addition to the special provisions mentioned in (a) and (b) above.

22. By sub-section (16) of section 5, temporary patients are brought within the purview of section 116 of the principal Act, which relates to the powers of the Judge in Lunacy in the administration of the property of patients.

23. The chargeability of patients received under section 5, and the powers of the Local Authority to recover expenses of maintenance, are governed by the provisions of the principal Act, Part X of which will be applied by rules under section 15 and Third Schedule, paragraph 2.

PROVISIONS AS TO LOCAL AUTHORITIES.

(i) *Powers and Duties.*

24. Reference has already been made in the preceding paragraphs to section 6 (1) and (2) which define the powers and duties of Local Authorities in regard to the provision of facilities for the treatment of temporary patients and voluntary patients.

25. Sub-section (3) of section 6 confers other new powers upon Local Authorities to which the Board desire to direct their particular attention :—

- (a) By paragraph (a), Local Authorities are empowered to provide out-patient clinics for the treatment either gratuitously, or on such terms as they think fit, of persons suffering from mental illness. The out-patient clinic is probably the most effective means of bringing within the reach of skilled treatment persons in the earliest stages of mental instability when the application of skilled treatment offers the greatest opportunity of preventing a breakdown. The choice of the place where an out-patient clinic can be established must be determined by circumstances. It will be open to Local Authorities to organize such clinics at their mental hospitals, but, as a rule, where there is a general hospital (whether municipal or voluntary) readily accessible, there are great advantages in arranging for the mental clinic to be established there. In any such arrangement, however, it is important that the medical staff of the Local Authority's mental hospital should be associated with the staff of the general hospital in the work of the clinic. Such an arrangement has in fact been operated with great success in certain places which have made the experiment in advance of express statutory powers. The Board hope that they may have the opportunity of assisting Local Authorities in making these arrangements, and will be glad to discuss with them any matters on which their advice may be of service. In any event, it will be most useful to the Board in the exercise of their general responsibility as the central mental authority, if they can be informed of any arrangements made for the establishment of out-patient clinics and can be furnished from time to time with information as to the work done.

The facilities for early mental treatment contemplated by the Act are threefold :—the out-patient clinic, the extended facilities for voluntary patients, and the provision for temporary patients. The success of these measures will depend, of course, upon the extent to which the public make use of them, and this, in turn, calls for wide dissemination of information regarding the new facilities that will be available. Local Authorities should consider how they could circulate in their own areas information calculated to apprise the general public of the new opportunities for treatment which will be available after 1st January next.

- (b) Under paragraph (b) of section 6(3), Local Authorities are empowered to make provision for the after-care of patients who have undergone treatment, and to contribute to the funds of voluntary associations formed for that purpose. The Board think that it will scarcely be necessary for them to emphasise the value of after-care in assisting discharged patients to re-establish themselves in normal life, and in mitigating those circumstances and conditions which often contribute to a relapse. Local Authorities are now empowered themselves to provide after-care services or to contribute to associations which provide them. Attention is drawn in this connection to the excellent work done by voluntary associations in some areas.
- (c) The purpose of paragraph (c) is to enable Local Authorities if they think fit to contribute to the funds of voluntary associations which are formed for the purpose of the prevention and treatment of mental disorder.
- (d) By paragraph (d), Local Authorities are empowered to undertake research and to make contributions towards the expenses of bodies engaged in research in relation to mental illness and its treatment. The exercise of this power is subject to the previous approval of the Board of Control. The requirement of this approval has been enacted in order to obviate overlapping and to ensure that the results of individual researches may be focussed and, if necessary, further developed.
- (e) In paragraph (e), power is given to Local Authorities to make agreements with any other Local Authority for co-operation in, or joint exercise of, any of the powers conferred on them by section 6(3). The exercise of this power does not require the approval of the Board of Control, but in this matter also it will be very useful to the Board, in the exercise of their general responsibility as the central mental authority, if any Local Authorities who may make such joint agreements under this provision will keep the Board informed.

26. Sub-section (4) extends to any institutions provided by a Local Authority under the present Act the powers of Local Authorities under the principal Act as to (a) provision, equipment and maintenance of mental hospitals; (b) acquisition of land and borrowing of money; and (c) (subject to such adaptations as may be made by Rules) appointment of staff and making of general rules. The purpose of the section is to give to Local Authorities the necessary powers to provide, if they so desire, premises to be used for the purposes of this Act, to staff them with the appropriate officers and to make rules for their management. Under sub-section (5) the Asylums Officers' Superannuation Act will apply to officers employed in institutions so provided.

27. Sub-section (6) has been enacted in order to place beyond doubt the effect of the statutory provisions for the purchase of land for the purpose of providing mental hospital accommodation. The relevant provisions are sections 239 and 254 of the Lunacy Act, 1890, and section 16 of the Lunacy Act, 1891. Doubt, however, has been expressed whether, in addition to these provisions, a County Council might purchase land for lunacy purposes under sections 3(vi) and 65 of the Local Government Act, 1888. Section 6(6) of the Mental Treatment Act enacts that the provisions of the principal Act operate in substitution for, and not in addition to, any previous Act; and, therefore, the aforesaid provisions of the Local Government Act, 1888, cannot in future be used for the purchase of land for lunacy purposes.

(ii) *Provisions as to Visiting Committees.*

28. The purpose of section 7 (which does not apply to the County of London) is to remove certain ambiguities and anomalies in the principal Act in regard to Visiting Committees, and to make additional provisions in conformity with the recommendations of the Royal Commission on Lunacy. It should be noted that the Fourth Schedule repeals (a) section 169 of the principal Act, with the exception of sub-sections (2), (4) and (5); (b) section 170; and (c) the words "of an asylum" in the definition of "Visiting Committee" in section 341. Section 239 of the Act of 1890 is also repealed but its effect is re-enacted in section 7(1). The effect of the resultant provision made by the Act is briefly as follows:—

29. By section 7(1), every Local Authority must appoint annually a Visiting Committee of not less than 7 members and must exercise by the Visiting Committee the powers conferred on them by the present Act and the Lunacy Acts, except the powers of raising a rate or borrowing. The distinction between a Visiting Committee for an asylum under section 169(1) and a Visiting Committee to visit patients under section 169(6) disappears; and every Local Authority, whether they have provided a mental hospital or not, must appoint a Visiting Committee.

30. Sub-section (2) applies to the Visiting Committee to be appointed under sub-section (1) the provisions of sub-sections (4) and (5) of section 169 of the principal Act, (which relate to the appointment of members in cases where a county borough or non-county borough has contributed to the cost of a county mental hospital), and also

the provisions of sections 171-176, which deal, inter alia, with the filling of vacancies, duration of office, accounts, meetings and staff.

31. Sub-section (3) contains four main provisions :—

- (a) The Visiting Committee is to be the Visiting Committee for each institution maintained by the Local Authority ; and in this connection Local Authorities will observe that by virtue of the definition in section 21(1) " institution maintained by a Local Authority " means a mental hospital and other premises maintained by a Local Authority for the purposes of the Act. But an exception to this rule is made where a separate Visiting Committee is appointed under an agreement to unite, in which case section 169(2) of the principal Act still operates.
- (b) The Visiting Committee may appoint sub-committees, to whom they may delegate such powers and duties as they think fit.
- (c) If the Visiting Committee have under their charge more than one mental hospital, they must appoint a sub-committee for each hospital.
- (d) The provisions of sub-sections (4) and (5) of section 169 of the principal Act are applied to any sub-committee as they would apply to any Visiting Committee in the circumstances covered by those two sub-sections.

32. Sub-section (4) empowers a Local Authority to co-opt on a Visiting Committee persons who are not members of the Local Authority, provided that the number of persons so appointed shall not exceed one-third of the total number of the committee. Where the committee is appointed by more than one Authority, the co-opted members in the case of each Authority must not exceed one-third of the total number appointed by that Authority.

33. Sub-section (5) preserves the power of the Minister of Health under section 66 of the Mental Deficiency Act, 1913, to authorize a Local Authority to appoint their Mental Deficiency Committee to be the Visiting Committee under the Lunacy and Mental Treatment Acts.

34. Sub-section (6) requires that :—

- (a) two members of every Visiting Committee shall be women ;
- (b) one member of every sub-committee appointed for an institution shall be a woman ; and
- (c) where, under an agreement to unite, a separate Visiting Committee is appointed for an institution, one at least of the members appointed by each Local Authority which appoints three or more members shall be a woman.

(iii) *Supervising Medical Officer.*

35. Section 8 empowers a Local Authority which has provided two or more mental hospitals to appoint a Supervising Medical Officer to have general supervision over all the mental hospitals of the Authority. The requirement of section 276 of the principal Act, that a resident Medical Superintendent is to have immediate charge of each hospital, is preserved. The Supervising Medical Officer may, but need not be, one of the resident Medical Superintendents. The relations between the Supervising Medical Officer and the Medical Superintendents of the several hospitals must be regulated by rules to be made by the Local Authority with the approval of the Board of Control. The Board wish to make it clear that this power is purely permissive ; and it is contemplated that the power will only be used by the larger Authorities, who have provided a sufficient number of institutions and who have under their care a sufficient number of patients to justify the appointment of a Supervising Medical Officer to co-ordinate the administration of the institutions and the classification and treatment of the patients.

(iv) *Expenses of Local Authorities.*

36. Section 9 provides for the incidence of the expenses of Local Authorities under the principal Act and the present Act. These provisions are not in substance different from the provisions of section 273 of the principal Act, but the terminology is brought into conformity with that used in recent enactments.

(v) *Application to London.*

37. Section 10 contains special provisions in regard to the application of this Act to London.

PROVISIONS AS TO THE CENTRAL AUTHORITY.

(i) *Re-Organization of the Board of Control.*

38. Section 11 makes provisions for the re-organization of the Board of Control which will, as from the 1st January, 1931, consist of the Chairman and four Senior Commissioners. Among the detailed provisions, sub-section (9) will be of special interest to Local Authorities. By preserving continuity of service for purposes of superannuation it removes one of the difficulties which has militated against the transfer

of officers from the service of Local Authorities to that of the Board of Control.

39. Section 13 provides that any visitation, inspection or act required or authorised by the Lunacy Acts or the Mental Deficiency Acts or the present Act, to be carried out by the Board or by a Commissioner, or by any number of Commissioners, may at the discretion of the Board be carried out either by one or more Commissioners or by one or more of the Inspectors of the Board.

(ii) *Transfer of Powers.*

40. By section 14 there are transferred to the Board from the Minister of Health the powers and duties now vested in the Minister which are specified in the Second Schedule, and in the concluding words of the section. The object of this transfer is simply to avoid central duplication of work and thereby expedite progress. In view of the administrative importance of these provisions, they are reproduced *in extenso*.

(A)

The Second Schedule specifies the following powers and duties transferred to the Board from the Minister :—

<i>Enactment conferring or imposing power or duty.</i>	<i>Description of power or duty.</i>
Sub-section (3) of section 242	To approve agreement by local authorities to unite for purpose of providing mental hospital accommodation.
Sub-section (4) of section 243	To approve contracts for the reception of rate-aided persons of unsound mind with Councils of County Boroughs.
Section 250	To sanction variation of agreement by local authorities to unite.
Sub-sections (2) and (4) of section 254	To approve plans and contracts of visiting committee and to determine differences between local authorities with reference to any plan, estimate or contract.
Sub-sections (1) and (4) of section 267	To consent to dissolution of agreement to unite, and to division of property held for purposes of the agreement among the several local authorities, and to the making of the payments mentioned in the said sub-section (4).
Sub-section (1) of section 268	To consent to cancellation of contract for purchase or exchange of lands by visiting committee and to approve payment to procure a release from the contract.
Sub-sections (4) and (5) of section 269	To approve contract or determination of contract by visiting committee for reception of persons of unsound mind in licensed house or mental hospital of another committee and to determine such contracts.
Sub-sections (1) and (2) of section 275	To approve general rules made by visiting committee for government of mental hospital and any alteration or variation thereof.

(B)

The effect of the concluding words of section 14 is to amend the under-mentioned sections of the principal Act as follows :—

- (a) Section 248(2): "Provisions in any agreement to unite subjecting the visiting committee to any control not provided for by this Act, except the control of the Board of Control, shall be of no effect."
- (b) Section 269(7): "A reception contract shall not exempt a local authority for which the contracting committee is acting from the requirements of this Act as regards asylum accommodation if the Board of Control determines the contract, although the term for which the contract was entered into has not expired."
- (c) Section 272: "For the purpose of procuring the approval of the Board of Control to any agreement, contract or plan requiring approval under this Act, the agreement, contract or plan, with an estimate of the probable cost of carrying it into effect, shall be submitted to the Commissioners and the Commissioners shall make such enquiry as they think fit, and may approve the agreement, contract or plan with or without modification, or may refuse approval."

41. After the 1st January, 1931, therefore, in the matters specified in the above-mentioned provisions, Local Authorities must make their application to the Board of Control for approval. Application for sanction to the borrowing of money in respect of proposals submitted to the Board for approval must be made to the Minister of Health as heretofore.

(iii) *Power to Make Rules.*

42. Section 15 empowers the Board, subject to the requirements of sub-section (2), to make rules under section 338 of the principal Act for the purposes specified in the Third Schedule. The principal points to be dealt with in these rules may be briefly summarized as follows:—

- (i) Prescribing the books and records to be kept and the notices to be sent in regard to voluntary or temporary patients.
- (ii) Applying to such patients, with necessary modifications and adaptations, certain of the provisions of the principal Act in regard to their reception, leave of absence, transfer, liability for maintenance, and visitation.
- (iii) Applying to temporary patients, with necessary modifications and adaptations, certain of the provisions of the principal Act in regard to discharge and other safeguards affecting the liberty of the subject.
- (iv) Applying to institutions maintained by Local Authorities, not being mental hospitals, the provisions of sections 275–278 of the principal Act which relate to the making of general rules and the appointment of officers.
- (v) Prescribing evidence required for an extension of treatment under section 5.

In accordance with the undertaking given by the Minister of Health during the passage of the Bill in Parliament, the Board propose, as soon as a preliminary draft of these rules has been prepared, to confer with the representative Associations of Local Authorities in regard to all matters which affect Local Authorities.

MISCELLANEOUS AND GENERAL.

43. Section 16 amends section 330 of the principal Act so as to afford to persons administering the Lunacy Acts and the present Act further protection in regard to actions at law. Its effect may be briefly summarized as follows:—

- (i) Section 330 of the principal Act provides that persons doing certain acts under the statute shall not be liable to proceedings if they have “acted in good faith and with reasonable care”; and secondly, that any proceedings taken under the section may be stayed if the Court is satisfied that there is no ground for alleging want of good faith or reasonable care.
The onus of proof in such circumstances lies upon the defendant to show that he has acted in good faith and with reasonable care. Sub-section (1) of section 16 transfers the onus of proof from the defendant to the plaintiff, section 330 of the principal Act being amended so as to provide that an action will not lie unless the defendant has acted in bad faith or without reasonable care, *i.e.*, in future the onus will be upon the plaintiff to show that the defendant has acted in bad faith or without reasonable care.
- (ii) Secondly, whereas section 330(2) permitted the defendant to take out a summons to stay the action, the revised form enacted by sub-section (1) of section 16 requires the plaintiff to take out a summons for leave to proceed before he can commence his action; and such leave may not be given unless the Court is satisfied that there is substantial ground for alleging that the defendant has acted in bad faith or without reasonable care.
- (iii) The provision in regard to the Public Authorities Protection Act is inserted because the new provision would otherwise shorten unduly the rather short period allowed under the Public Authorities Protection Act, 1893. The section accordingly provides that the application for leave to proceed is to be treated as the commencement of the proceedings, in any case where proceedings are commenced within four weeks after the date on which leave to proceed has been given.
- (iv) The new provision does not affect any proceedings pending at the passing of the Act.
- (v) The section came into operation on the 10th July.

44. Section 17 applies, with the necessary modifications, the provisions of section 11 of the principal Act to rate-aided persons. After the 1st January, 1931, in dealing with rate-aided cases whose removal is urgently required, it will no longer be necessary for the Local Authority to rely upon section 20 of the Lunacy Act, which provides that such a case may only be removed to a workhouse. Under section 11 of the principal Act as applied by section 17 of this Act, an urgency order may be made in respect of a rate-aided patient. Such an order must be signed by a duly authorized officer of the Local Authority; and must, of course, be accompanied by the medical certificate and statement of particulars prescribed by section 11 of the Lunacy Act, 1890. Thereupon, the patient may be removed to a mental hospital. This provision is designed

to repair a deficiency in the principal Act, under which the removal of a rate-aided patient to a mental hospital can only be effected after an order of a justice has been obtained, with the result that poor persons in need of immediate treatment are generally dealt with under section 20 which permits their removal only to a workhouse. Under section 17 of the Mental Treatment Act, it will now be open to the authorized officer of the Local Authority, in urgent cases, to arrange for the removal of a rate-aided patient, without the necessity of obtaining a justice's order, direct to a mental hospital, where better facilities for treatment are ordinarily available.

45. Section 18 makes a general declaration that a person shall not be deemed to be in receipt of poor relief, or to be deprived of any right or privilege, or to be subjected to any disability, by reason only that he, or a member of his family, is being maintained as a rate-aided patient under the Lunacy Act or the present Act. This provision is designed to complete the removal of disabilities attaching to mental patients by reason of the previous association of Lunacy administration with the Poor Law. It will be observed, however, that this does not affect:—

- (a) the administration of pensions receivable by rate-aided persons of unsound mind as provided under the Widows', Orphans' and Old Age Contributory Pensions Act, 1929;
- (b) any provisions of the Lunacy Acts and the Poor Law Act, 1930, relating to the settlement or chargeability of a patient, or the liability of a patient, or of persons liable to maintain him, for the expenses of his maintenance, or any power to recover those expenses from the patient; or
- (c) any provisions relating to the repayment of maintenance expenses from any pension granted under any Royal Warrant, Order in Council, Order or the Pensions Act of 1839.

This section came into operation on the 10th July.

46. Section 19, which also came into operation on the 10th July, is designed to obviate difficulties which may occur as the result of the appropriation of poor law premises in pursuance of the provisions of the Local Government Act, 1929. In consequence of such appropriation, the number of such premises in some areas may be so reduced that there may be an insufficiency of accessible accommodation for mental patients under sections 20, 21, 24 and 25 of the principal Act. Section 19 has accordingly been enacted to enable the Local Authority to approve other premises for the purpose, and to provide that a person liable to be removed to or detained in a workhouse may be removed to or detained in any hospital or part of a hospital provided by the Local Authority and approved for the purpose.

TERMINOLOGY.

47. Section 20 makes some important changes in terminology:—

- (a) Statutory provision is made for the substitution of the term "mental hospital" for "asylum" in any Act, or in any Order, Regulation or document issued under any Act. This change in terminology has already been adopted by many Local Authorities. But section 20(1) makes the change a general statutory requirement.
- (b) By sub-section (2) corresponding changes are made in the titles of the Asylums Boards constituted under special Acts.
- (c) It will have been observed that throughout the present Act, the term "voluntary patient" is used instead of "voluntary boarder." The effect of section 20(3) is that in any Local Act providing for the reception of voluntary boarders, the term "voluntary patient" shall be substituted for "voluntary boarder."
- (d) Under sub-section (4), the use of the word "pauper" is forbidden in relation to any person of, or alleged to be of, unsound mind; and in any Act, Order, Regulation or other document relating to such persons, the word "pauper" must be replaced by the term "rate-aided person"; "rate-aided patient" or "rate-aided" as the context may require.
- (e) By sub-section (5), provision is made for the elimination of the word "lunatic," except in relation to criminal lunatics and persons detained as lunatics outside England. The sub-section specifies the phrases which are to be substituted for the word "lunatic" as the context may require.

The Board contemplate that little difficulty will be experienced in adopting the appropriate alternatives; but should difficulty arise, they would be glad to be consulted; and, if necessary, they could make representations to the Minister of Health to make an order under section 20(6).

INTERPRETATION, ADAPTATION AND COMMENCEMENT OF THE ACT.

48. In section 21, Local Authorities will note particularly the definition of "institution" which means "a mental hospital and other premises maintained by a Local Authority for the purpose of this Act, a registered hospital or licensed house." The definitions of "person in charge" and "the principal Act" are self-explanatory.

49. Under section 21(2), the Board are empowered to make rules to facilitate carrying the Act into effect in the areas of the Mental Hospitals Boards of Lancashire, West Riding of Yorkshire and Staffordshire respectively. The Board propose to take an early opportunity of consulting those Authorities in regard to this matter.

50. Under section 22 the Act comes into operation on the 1st January, 1931, except in regard to sections 15(2), 16, 18 and 19, which came into operation on the 10th July, last.

SCHEDULES.

51. The First Schedule prescribes the form of application and recommendation required for temporary patients under section 5.

52. The Second Schedule specifies the powers and duties transferred to the Board of Control from the Minister of Health to which reference is made in section 14.

53. The Third Schedule summarizes the matters in respect of which the Board are empowered to make rules by section 15. Reference is also made to this rule—making power in sections 5(13) and (15) and 6(4).

54. The Fourth Schedule specifies the repeals. These are for the most part consequential on the operative provisions to which reference has already been made.

Note.—The gist of the above Memorandum was incorporated in circular No. 748, dated October, 1930, addressed to the Clerk to the Visitors and the Resident Licensee of each Licensed House, and in circular No. 749, addressed to the Clerk to the Managing Committee and the Medical Superintendent of each Registered Hospital and the Clerk to the Visitors of Licensed Houses.

In addition, circular No. 748 contained a Form of Application for approval of a Licensed House for the reception of temporary patients under section 5(iii); and in both circulars attention was drawn to the reservation in regard to section 229 of the Lunacy Act, 1890, with respect to persons who were being lodged thereunder at the commencement of the Mental Treatment Act. Section 229 will continue to operate in their case until their departure, or—in the case of Licensed Houses—the expiration of the time specified in the consent under which they were received.



TABLE I.

ANNUAL RETURN of INSANE PERSONS confined in INSTITUTIONS FOR THE INSANE, and in PRIVATE SINGLE CHARGE
COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	NUMBER OF PATIENTS, 1st JANUARY, 1930.				ADMISSIONS DURING THE YEAR 1930.												DISCHARGES DURING THE YEAR 1930.								
	PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Of the Total Number.												Of the Total Number.							
						Total Number.			Private (including Criminal Patients).	Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers. Private (including Criminal Patients).		Total Number.			Private (including Criminal Patients).	Discharged Recovered.		Of the Number Discharged Recovered Private (including Criminal Patients).			
M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.		
COUNTY AND DISTRICT MENTAL HOSPITALS.																									
Beds, Herts and Hunts ...	39	24	442	534	1,039	71	93	164	5	3	10	15	9	6	2	-	31	46	77	4	3	27	39	1	2
Berks, Reading C.B., Newbury B., and New Windsor B. ...	31	1	334	495	861	99	96	195	2	-	19	11	6	14	1	-	75	64	139	-	-	23	16	-	-
Brecon, Radnor, and Montgomery C.	29	5	195	246	475	37	38	75	3	2	7	6	4	-	2	-	18	23	41	2	1	13	17	1	1
Bucks ...	44	38	265	360	707	62	85	147	3	3	13	20	4	6	1	-	22	37	59	6	2	17	30	3	1
Cambridge C., Isle of Ely, and Cam- bridge B. ...	19	5	216	461	701	49	64	113	1	1	14	11	2	5	-	-	21	37	58	1	1	9	17	-	-
Carmarthen, Cardigan, and Pem- broke C. ...	24	18	322	298	662	73	59	132	7	4	12	14	5	1	-	-	33	27	60	5	5	23	19	2	3
Chester C., Birkenhead C.B., Stock- port C.B.(part),and Wallasey C.B.:																									
Chester ...	94	43	596	899	1,632	115	150	265	5	6	22	39	2	14	-	4	55	97	152	5	5	29	78	3	2
Parkside ...	101	85	478	639	1,303	94	138	232	9	10	20	33	6	5	2	1	55	82	137	7	12	26	48	3	7
Cornwall ...	77	47	469	588	1,181	85	104	189	1	2	17	33	3	2	-	-	35	48	83	6	7	26	31	4	5
Cumberland, Westmorland, and Carlisle C.B. ...	43	23	402	390	858	46	69	115	-	-	11	13	3	6	-	-	31	31	62	3	1	25	21	2	1
Denbigh, Anglesey, Carnarvon, Flint, and Merioneth C. ...	90	31	491	549	1,161	80	114	194	5	3	17	28	9	7	1	1	44	54	98	10	2	26	45	4	2
Derby C. ...	38	-	378	443	859	93	113	206	-	-	14	10	2	9	-	-	38	56	94	-	-	19	28	-	-
Devon ...	65	42	467	737	1,311	132	169	301	8	20	20	24	18	16	3	5	66	105	171	7	14	47	73	5	7
Dorset ...	85	95	294	453	927	73	94	167	5	16	17	26	20	4	2	2	37	60	97	7	9	31	38	5	3
Durham and Darlington C.B. ...	89	4	739	755	1,587	196	175	371	8	-	24	39	16	14	1	-	77	79	156	4	-	40	33	-	-
Essex and Colchester B.:																									
Brentwood ...	94	2	651	1,037	1,784	177	171	348	1	-	24	27	11	18	1	-	126	80	206	9	-	55	47	7	-
Severalls ...	77	76	644	1,022	1,819	117	234	351	8	12	23	55	16	15	2	3	69	139	208	7	13	26	68	3	6
Glamorgan and Merthyr Tydfil C.B. ...	118	19	1,026	867	2,030	216	162	378	4	1	35	33	7	4	-	1	84	77	161	4	2	45	48	1	1
Gloucester C. and Gloucester C.B.	50	21	448	701	1,220	85	93	178	4	2	17	10	9	5	2	-	37	50	87	3	-	22	35	-	-
Hants, Southampton C.B., and Bournemouth C.B.:																									
Knowle ...	40	-	446	570	1,056	70	77	147	3	-	3	6	18	7	3	-	23	30	53	1	-	12	15	1	-
Park Prewett ...	58	43	526	671	1,298	104	153	257	6	18	14	30	11	22	1	9	54	78	132	11	14	17	31	1	2
Hereford C. and Hereford B. ...	25	10	205	291	531	35	34	69	-	7	4	8	1	3	-	1	15	13	28	1	4	11	5	1	1
Herts ...	43	4	247	587	881	69	125	194	7	8	7	25	7	5	1	2	32	59	91	2	2	20	39	1	1
Kent and Gravesend B.:																									
Barming Heath ...	67	-	676	1,180	1,923	121	236	357	4	-	32	45	13	21	3	-	74	146	220	6	1	43	78	4	-
Chartham ...	59	16	613	687	1,375	126	183	309	2	-	27	28	7	19	1	-	69	94	163	7	7	51	54	4	3
Lancaster C., all the County- Boroughs, and Stockport C.B. (part):																									
Lancaster ...	160	258	756	1,523	2,697	162	256	418	19	39	13	24	17	26	4	13	71	158	229	9	35	14	55	3	16
Rainhill ...	152	1	1,097	1,344	2,594	254	230	484	4	-	44	57	13	11	2	-	149	144	293	12	1	106	102	9	-

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.

DEATHS DURING THE YEAR 1930.													NUMBER OF PATIENTS REMAINING, 1st JANUARY 1931.				Average Number Resident during 1930.		RECOVERY RATES.			DEATH RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.
Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Proportion [per Cent.] of Recoveries during the Year 1930, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1930.							Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1930.						
			Private (including Criminal Patients).	Number of Post-mortem Examina- tions made.		M.						F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	Total.			
M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.		M.	F.	M.	F.	Total.	M.	F.	Total.						
1	36	36	72	-	2	28	22	41	27	444	542	1,054	473	560	43.5	44.8	44.3	7.6	6.4	7.0	COUNTY, &c. HOSPITALS. Beds, &c.				
2	42	36	78	1	-	17	16	32	1	315	491	839	370	464	24.7	19.5	22.3	11.4	7.8	9.4	Berks, &c.				
3	14	12	26	2	1	6	8	28	5	201	249	483	226	252	39.4	44.7	42.3	6.2	4.8	5.4	Brecon, &c.				
4	32	28	60	-	3	25	21	43	37	274	381	735	313	413	29.3	38.0	34.3	10.2	6.8	8.3	Bucks.				
5	21	27	48	-	-	17	21	24	8	218	458	708	233	464	19.1	29.8	25.0	9.0	5.8	6.9	Cambridge C., &c.				
6	39	39	78	2	4	8	4	26	14	321	295	656	346	311	33.8	32.8	33.3	11.3	12.5	11.9	Carmarthen, &c.				
7	64	47	111	4	2	56	39	93	45	593	903	1,634	687	948	25.7	57.4	43.0	9.3	5.0	6.8	Chester C., &c. :				
8	31	33	64	3	6	28	26	104	78	483	669	1,334	579	736	29.5	36.1	33.5	5.4	4.5	4.9	Chester.				
9	38	48	86	4	5	28	36	79	44	479	599	1,201	539	621	31.7	30.7	31.1	7.1	7.7	7.4	Parkside.				
10	25	32	57	-	1	25	31	40	20	395	399	854	443	417	58.1	33.3	43.4	5.6	7.7	6.6	Cornwall.				
11	30	31	61	2	2	20	19	85	31	502	578	1,196	577	597	37.1	42.5	40.3	5.2	5.2	5.2	Cumberland, &c.				
12	25	26	51	3	-	19	19	38	-	408	474	920	430	461	20.9	26.9	24.1	5.8	5.5	5.7	Denbigh, &c.				
13	54	45	99	3	-	43	35	64	47	480	751	1,342	535	783	41.6	48.3	45.5	10.1	5.7	7.5	Derby C.				
14	34	48	82	4	6	18	26	77	98	304	436	915	369	537	58.5	42.2	48.3	9.2	8.9	9.1	Devon.				
15	85	49	134	4	-	60	31	88	3	774	803	1,668	846	783	22.3	20.5	21.5	10.0	6.3	8.2	Dorset.				
16	45	67	112	3	-	38	54	88	2	663	1,061	1,814	739	1,047	33.1	30.7	32.0	6.1	6.4	6.3	Durham C., &c.				
17	33	59	92	1	2	31	47	85	73	651	1,061	1,870	731	1,110	25.7	31.1	29.4	4.5	5.3	5.0	Essex, &c. :				
18	74	65	139	3	2	40	33	119	19	1,083	887	2,108	1,181	894	21.5	30.4	25.3	6.3	7.3	6.7	Brentwood.				
19	32	35	67	2	2	18	12	51	21	463	709	1,244	496	724	29.3	39.8	35.0	6.4	4.8	5.5	Severalls.				
20	37	30	67	-	-	17	22	43	-	453	587	1,083	483	577	23.1	21.4	22.1	7.7	5.2	6.3	Glamorgan, &c.				
21	51	41	92	5	8	20	16	55	44	528	704	1,331	579	726	18.3	23.9	21.5	8.8	5.6	7.1	Gloucester C., &c				
22	16	11	27	1	1	9	7	22	12	212	299	545	232	305	33.3	16.1	25.0	6.9	3.6	5.0	Hants., &c. :				
23	18	27	45	3	2	12	19	43	10	266	620	939	297	617	32.3	32.5	32.4	6.1	4.4	4.9	Knowle.				
24	39	80	119	-	-	37	75	68	-	683	1,190	1,941	752	1,197	39.8	36.3	37.5	5.2	6.7	6.1	Park Prewett.				
25	51	68	119	3	3	39	52	57	14	621	710	1,402	666	715	42.9	32.9	37.1	7.7	9.5	8.6	Hereford C., &c.				
26	68	86	154	7	13	32	36	169	262	770	1,531	2,732	926	1,782	9.7	23.9	18.4	7.3	4.8	5.7	Herts.				
27	98	65	163	7	-	53	41	143	1	1,113	1,365	2,622	1,255	1,350	44.0	46.6	45.2	7.8	4.8	6.3	Kent, &c. :				
																					Barming Heath.				
																					Chartham.				
																					Lancaster C.,				
																					Boroughs.				
																					(part) C.B. :				
																					Lancaster.				
																					Rainhill.				

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.	NUMBER OF PATIENTS, 1st JANUARY, 1930.					ADMISSIONS DURING THE YEAR 1930.												DISCHARGES DURING THE YEAR 1930.								
	PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Of the Total Number.												Of the Total Number.								
						Total Number.			Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers. Private (including Criminal Patients).		Total Number.			Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered		
(The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.)	M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
C. = County. C.B. = County-Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.																										
Lancaster C., all the County- Boroughs, and Stockport C.B. (part) —cont.																										
Prestwich	270	14	1,025	1,440	2,749	168	161	329	3	4	33	28	9	12	1	1	79	87	166	5	3	59	56	4	2	1
Whittingham	143	3	1,266	1,497	2,909	208	188	396	—	—	31	35	3	1	—	—	129	102	231	5	—	78	59	4	—	2
Winwick	58	—	1,019	1,157	2,234	202	205	407	3	—	26	48	10	19	3	—	134	139	273	6	—	79	81	5	—	3
Leicester C. and Rutland ...	34	28	296	364	722	56	89	145	3	1	8	19	7	8	2	—	14	46	60	1	2	13	32	1	2	4
Lincoln C. (Lindsey and Holland Divisions), Grimsby C.B., Lincoln C.B.	43	—	479	688	1,210	96	128	224	4	—	13	20	5	6	1	—	42	65	107	1	—	25	41	1	—	5
Lincoln C. (Kesteven Division) ...	20	16	212	234	482	31	47	78	3	5	3	7	1	5	—	1	15	18	33	2	—	8	10	1	—	6
London C. : Banstead	142	20	990	1,382	2,534	206	195	401	5	—	37	45	14	4	—	—	101	112	213	5	4	34	63	2	2	7
Bexley	102	23	945	1,091	2,161	271	221	492	6	1	35	48	10	15	—	1	104	107	211	5	2	67	75	4	1	8
Cane Hill	98	23	772	1,225	2,118	120	195	315	2	—	22	35	4	4	—	—	62	87	149	1	4	25	47	—	—	9
Claybury	232	26	769	1,282	2,309	147	238	385	14	1	20	40	22	16	12	—	78	100	178	13	6	42	79	5	6	10
Colney Hatch	101	35	1,001	1,470	2,607	177	184	361	4	—	36	50	10	16	1	—	98	111	209	9	11	25	53	2	3	11
Ewell Colony	1	3	99	329	432	21	44	65	—	—	—	8	13	—	—	—	19	38	57	—	1	3	22	—	—	12
Hanwell	157	27	894	1,339	2,417	143	110	253	5	—	22	23	5	20	—	—	74	52	126	7	1	45	38	4	—	13
Horton	—	196	270	1,539	2,005	8	310	318	—	1	—	58	8	39	—	1	2	158	160	—	18	—	92	—	7	14
Long Grove	179	27	962	998	2,166	169	98	267	4	—	30	27	6	2	—	—	77	60	137	6	5	30	46	5	4	15
West Park	66	37	1,074	927	2,104	220	198	418	3	1	40	39	15	3	—	—	143	159	302	13	6	61	89	7	4	16
Middlesex : Wandsworth	80	57	545	993	1,675	154	215	369	5	15	32	82	15	17	1	4	94	138	232	5	15	66	86	4	9	17
Napsbury	71	26	750	1,194	2,041	152	271	423	3	3	19	52	18	27	2	1	62	143	205	5	4	38	92	4	1	18
Monmouth C.	64	36	588	562	1,250	75	89	164	6	1	12	27	6	7	—	—	69	62	131	5	1	18	35	2	—	19
Norfolk	54	—	430	701	1,185	86	125	211	2	—	12	29	4	6	—	—	35	59	94	2	—	25	47	2	—	20
Northampton C.	53	10	420	523	1,006	48	68	116	1	—	10	16	2	4	1	—	21	32	53	2	1	14	17	2	—	21
Northumberland and Tynemouth C.B.	34	—	399	340	773	77	100	177	—	—	11	21	3	7	—	—	44	60	104	1	—	30	48	1	—	22
Nottingham C.	20	6	273	389	688	95	113	208	2	3	11	30	6	2	1	—	38	53	91	1	2	22	25	—	1	23
Oxford C., and Oxford C.B. ...	20	—	262	453	735	65	128	193	1	—	5	27	14	41	—	—	29	49	78	—	—	12	8	—	—	24
Salop, Shrewsbury B., and Wen- lock B.	50	36	337	461	884	73	99	172	6	9	13	33	6	2	1	2	37	60	97	4	8	23	46	1	6	25
Somerset and Bath C.B. : Wells ...	31	19	340	443	833	78	92	170	1	2	17	20	6	5	1	1	41	47	88	4	2	20	19	2	—	26
Cotford	45	39	305	401	790	69	80	149	6	7	5	5	5	5	2	—	56	44	100	9	6	30	33	4	6	27
Stafford C., and all the County Boroughs :																										
Stafford	51	—	435	556	1,042	88	112	200	—	—	12	20	7	4	—	—	34	45	79	1	—	23	25	—	—	28
Burntwood	53	—	364	523	940	76	114	190	2	—	16	25	8	5	2	—	37	41	78	2	—	25	32	2	—	29
Cheddleton	66	12	551	499	1,128	116	170	286	4	5	17	42	9	30	2	—	72	76	148	1	8	30	36	—	3	30
Suffolk, E. and W.	53	2	466	538	1,059	72	122	194	—	1	19	25	2	14	—	—	46	61	107	3	—	14	21	1	—	31
Surrey and (for Brookwood) Guild- ford B. : Brookwood	28	—	541	829	1,398	103	162	265	2	—	24	34	9	24	—	—	52	72	124	2	—	19	31	—	—	32
Netherne	72	59	318	574	1,023	95	153	248	1	1	15	21	10	11	1	1	44	92	136	6	7	16	35	—	2	33
Sussex, East	67	55	431	702	1,255	97	151	248	5	14	31	36	13	10	2	4	59	85	144	13	13	37	44	5	5	34
West	46	33	305	493	877	68	88	156	7	10	11	6	5	12	3	3	32	47	79	5	8	20	33	4	4	35
Warwick C., Coventry C.B., and Warwick B.	49	46	456	658	1,209	104	157	261	4	34	20	49	9	17	1	10	50	70	120	2	11	25	34	—	2	36
Wight, Isle of	15	31	100	188	334	22	27	49	2	3	7	7	2	1	—	—	5	20	25	2	5	5	11	2	1	37

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued.

	DEATHS DURING THE YEAR 1930.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1931.					Average Number	RECOVERY RATES.			DEATH RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.		Resident during 1930.	Proportion [per Cent.] of Recoveries during the Year 1929, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1930.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1930.			
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	Total.	M.	F.		Total.
1	79	64	143	7	—	48	35	265	14	1,040	1,450	2,769	1,297	1,455	37.1	37.6	37.3	6.1	4.4	5.2	Lancaster C., all the County-Boroughs, and Stockport C.B. (part)— <i>cont.</i> Prestwich. Whittingham. Winwick. Leicester C. and Rutland. Lincoln C. (Lindsey and Holland Divisions), Grimsby C.B., and Lincoln C.B.
2	75	63	138	3	—	54	37	140	3	1,273	1,520	2,936	1,413	1,509	38.0	31.6	34.9	5.3	4.2	4.7	
3	66	57	123	1	—	45	20	58	—	1,021	1,166	2,245	1,079	1,160	41.1	43.5	42.3	6.1	4.9	5.5	
4	31	29	60	1	2	27	24	37	29	304	377	747	335	398	26.5	39.5	34.6	9.3	7.3	8.2	
5	44	69	113	2	—	32	45	42	—	490	682	1,214	516	677	27.5	33.6	31.0	8.5	10.2	9.5	
6	25	17	42	3	3	17	10	17	16	206	246	485	229	255	26.7	23.8	25.0	10.9	6.7	8.7	Lincoln C. (Kesteven Division). London C. : Banstead Bexley. Cane Hill. Claybury. Colney Hatch. Ewell Colony. Hanwell. Horton. Long Grove. West Park. Middlesex : Wandsworth. Napsbury. Monmouth C. Norfolk. Northampton C. Northumberland and Tynemouth C.B. Nottingham C. Oxford C., and Oxford C.B. Salop, Shrewsbury B., and Wenlock B. Somerset and Bath C.B. : Wells. Cotford Stafford C., and all the County Boroughs : Stafford. Burntwood. Cheddleton. Suffolk, E. and W. Surrey and (for Brookwood) Guildford B : Brookwood. Netherne. Sussex, East. „ West. Warwick C., Coventry C.B., and Warwick B. Wight, Isle of.
7	82	65	147	3	1	60	46	145	18	1,010	1,402	2,575	1,135	1,408	17.7	33.0	25.3	7.2	4.6	5.8	
8	100	69	169	3	3	73	49	108	29	1,006	1,130	2,273	1,083	1,119	25.7	36.4	30.4	9.2	6.2	7.7	
9	54	87	141	4	1	35	55	97	24	777	1,245	2,143	867	1,254	21.6	24.6	23.5	6.2	6.9	6.6	
10	55	74	129	10	1	43	65	241	29	774	1,343	2,387	1,000	1,321	33.6	35.6	34.9	5.5	5.6	5.6	
11	62	61	123	1	5	35	38	102	40	1,017	1,477	2,636	1,109	1,511	15.0	31.6	23.3	5.6	4.0	4.7	
12	3	7	10	—	—	3	5	2	3	97	328	430	100	331	37.5	50.0	48.1	3.0	2.1	2.3	
13	67	85	152	5	4	38	32	157	23	896	1,316	2,392	1,051	1,343	32.6	42.7	36.6	6.4	6.3	6.4	
14	7	98	105	—	10	7	71	—	204	269	1,585	2,058	270	1,767	—	34.1	34.1	2.6	5.5	5.2	
15	55	41	96	3	—	37	29	185	31	993	991	2,200	1,144	1,018	18.4	47.9	29.3	4.8	4.0	4.4	
16	78	36	114	3	2	41	19	64	35	1,075	932	2,106	1,135	962	29.8	45.6	37.5	6.9	3.7	5.4	
17	43	61	104	2	6	27	19	87	56	555	1,010	1,708	622	1,041	47.5	43.4	45.1	6.9	5.9	6.3	
18	52	53	105	1	—	47	48	73	28	786	1,267	2,154	839	1,259	28.4	37.7	34.4	6.2	4.2	5.0	
19	47	30	77	6	1	39	28	58	35	553	560	1,206	626	594	26.5	42.7	35.3	7.5	5.0	6.3	
20	42	32	74	1	—	18	20	54	—	439	735	1,228	489	716	30.5	39.5	35.8	8.6	4.5	6.1	
21	22	41	63	—	—	17	26	53	9	425	519	1,006	476	532	30.4	26.6	28.2	4.6	7.7	6.3	
22	54	34	88	—	—	32	22	34	—	378	346	758	425	342	40.5	51.6	46.7	12.7	9.9	11.5	
23	34	40	74	—	2	29	37	20	4	296	411	731	301	411	24.7	22.5	23.5	11.3	9.7	10.4	
24	23	40	63	—	—	16	25	20	—	275	492	787	292	467	23.5	9.3	14.6	7.9	8.6	8.3	
25	34	33	67	3	5	9	7	53	35	336	468	892	387	501	34.3	47.4	42.1	8.8	6.6	7.5	
26	46	50	96	5	3	40	33	28	17	334	440	819	365	452	28.2	21.8	24.7	12.6	11.1	11.7	
27	22	38	60	2	2	13	18	43	42	298	396	779	343	439	46.9	44.0	45.3	6.4	8.7	7.7	
28	36	41	77	—	—	23	19	50	—	454	582	1,086	497	571	28.4	23.2	25.4	7.2	7.2	7.2	
29	29	35	64	2	—	26	30	54	—	373	561	988	415	536	36.3	29.4	32.2	7.0	6.5	6.7	
30	49	27	76	2	—	46	26	71	14	541	564	1,190	611	539	28.0	25.7	26.7	8.0	5.0	6.6	
31	36	36	72	1	—	23	19	51	2	458	563	1,074	520	561	20.0	19.4	19.7	6.9	6.4	6.7	
32	42	41	83	—	—	28	28	27	—	551	878	1,456	572	855	20.2	22.5	21.6	7.3	4.8	5.8	
33	34	55	89	2	4	26	39	69	54	338	585	1,046	406	642	18.8	24.6	22.5	8.4	8.6	8.5	
34	35	45	80	1	6	27	37	66	57	435	721	1,279	499	764	44.0	31.2	36.0	7.0	5.9	6.3	
35	28	24	52	2	5	21	18	55	42	304	501	902	353	529	31.8	43.4	38.1	7.9	4.5	5.9	
36	47	52	99	4	7	31	29	48	63	464	676	1,251	507	727	26.3	24.3	25.1	9.3	7.2	8.0	
37	14	16	30	1	4	7	10	15	25	103	185	328	113	215	25.0	42.3	34.8	12.4	7.4	9.1	

TABLE I.—continued.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—continued

COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS.	NUMBER OF PATIENTS, 1st JANUARY, 1930.					ADMISSIONS DURING THE YEAR 1930.												DISCHARGES DURING THE YEAR 1930.									
	PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.	Of the Total Number.												Of the Total Number.									
						Total Number.			Private (including Criminal Patients.)		Re-admissions known to have been at some previous time in the Mental Hospital, or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers. Private (including Criminal Patients).		Total Number.			Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered			
	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.			
Wilts	42	18	465	591	1,116	88	108	196	1	—	9	22	7	7	1	—	33	53	86	7	—	18	23	2	—	1	
Worcester C., and (for Powick) Dudley C.B., and Worcester C.B.: Powick	42	8	418	579	1,047	72	79	151	5	3	13	9	27	30	2	1	20	30	50	2	1	12	20	—	—	2	
Barnsley Hall	58	76	280	323	737	45	57	102	1	4	6	8	7	7	—	1	18	33	51	2	10	9	14	1	5	3	
Yorks, North Riding	31	34	371	489	925	91	78	169	6	3	3	11	29	6	1	1	49	48	97	7	3	20	36	4	2	4	
Yorks, West Riding, and (except for Scalebor Park) all its associated County Boroughs:																											
Wakefield	116	—	1,064	1,215	2,395	205	180	385	1	—	15	22	9	7	—	—	57	81	138	1	—	31	60	—	—	5	
Wadsley	64	4	834	1,010	1,912	225	204	429	1	—	51	43	6	10	—	—	111	101	212	3	2	70	73	2	1	6	
Menston	137	40	764	917	1,858	123	125	248	9	7	23	35	7	9	4	6	50	80	130	4	3	27	57	2	3	7	
Scalebor Park	105	127	—	—	232	15	45	60	15	45	—	10	1	4	1	4	19	42	61	19	42	5	21	5	21	8	
Storches Hall	54	22	787	908	1,771	214	208	422	5	2	31	27	19	6	3	2	78	110	188	3	3	39	52	1	—	9	
Do. (Min. of Pensions Wing)	271	—	—	—	271	1	—	1	1	—	—	—	1	—	1	—	10	—	10	10	—	—	—	—	—	10	
Yorks, East Riding	21	23	248	302	594	66	62	128	4	—	4	10	22	10	1	—	18	30	48	1	5	11	21	—	4	11	
COUNTY-BOROUGH MENTAL HOSPITALS (inc. City of London).																											
Birmingham: Winson Green ...	64	12	315	374	765	65	80	145	3	3	12	14	6	1	1	—	42	59	101	2	2	24	39	1	2	12	
Rubery Hill	68	15	585	868	1,536	146	190	336	9	10	30	48	12	12	3	1	85	137	222	2	4	58	88	—	2	13	
Brighton	43	37	303	492	875	80	137	217	6	7	14	40	9	18	3	4	46	72	118	6	7	25	43	3	3	14	
Bristol	52	15	420	526	1,013	124	154	278	4	1	14	22	5	5	2	—	52	67	119	6	4	28	47	4	4	15	
Canterbury	15	21	93	111	240	20	14	34	1	2	4	1	2	7	—	1	9	2	11	2	—	4	1	1	—	16	
Cardiff	40	9	262	398	709	122	135	257	7	9	19	36	28	7	2	2	54	97	151	6	14	34	53	5	5	17	
Croydon	34	68	194	409	705	42	98	140	7	10	10	28	4	11	1	2	19	48	67	2	7	14	36	2	4	18	
Derby	21	32	182	270	505	36	49	85	—	8	9	12	2	2	—	1	9	33	42	—	10	6	19	—	6	19	
Exeter	39	34	130	140	343	27	44	71	5	9	4	3	10	12	1	2	13	19	32	5	4	6	15	3	4	20	
Gateshead	19	2	161	211	393	46	47	93	1	2	6	5	28	23	—	—	13	21	34	2	1	9	15	2	—	21	
Hull	43	11	332	402	788	79	114	193	2	—	18	18	6	9	—	—	43	49	92	1	1	25	32	—	—	22	
Ipswich	28	23	123	160	334	30	30	60	2	2	6	5	—	1	—	—	17	12	29	—	3	14	9	—	3	23	
Leicester	47	24	337	559	967	66	107	173	1	3	20	25	4	6	—	—	30	56	86	4	7	24	40	4	2	24	
London (City of)	128	234	132	105	599	46	41	87	25	29	7	11	17	11	16	11	30	28	58	13	13	12	8	6	6	25	
Middlesbrough	38	9	220	207	474	53	42	95	2	3	9	8	10	4	1	—	19	20	39	—	2	9	17	—	1	26	
Newcastle-upon-Tyne	61	14	487	434	996	85	98	183	—	1	11	18	8	4	—	—	30	51	81	2	1	15	42	—	1	27	
Newport	20	14	171	209	414	49	32	81	3	4	4	3	6	3	1	—	21	26	47	3	3	17	21	3	1	28	
Norwich	32	4	182	307	525	46	52	98	—	—	8	12	1	1	—	—	22	33	55	—	—	10	20	—	—	29	
Nottingham	52	16	379	520	967	69	83	152	5	2	12	18	5	7	4	1	44	47	91	9	—	36	39	8	—	30	
Plymouth	49	28	169	271	517	55	59	114	2	1	6	4	—	—	—	—	21	36	57	1	7	12	26	1	5	31	
Portsmouth	115	112	295	492	1,014	119	133	252	16	48	24	19	8	10	4	4	67	47	114	53	22	17	34	9	16	32	
Sunderland	31	10	230	226	497	36	58	94	1	2	7	9	2	3	1	1	25	28	53	1	3	23	21	1	2	33	
West Ham	51	2	450	593	1,096	108	108	216	1	—	15	22	32	9	1	—	41	75	116	1	1	24	54	—	—	34	
York	20	15	138	190	363	27	29	56	—	2	6	7	3	4	—	—	11	16	27	—	2	6	11	—	1	35	
TOTAL	6,530	2,969	45,633	62,117	117,249	9,618	11,842	21,460	395	501	1,585	2,392	883	952	130	117	4,795	6,398	11,193	473	482	2,603	3,858	219	239	36	
									(a)		(b)									(c)							

(a) In addition to these numbers, 774 patients (416 males and 358 females) were transferred while resident during 1930 from the Rate-aided to the Private Class.

(b) In addition to these numbers, 26 patients (12 males and 14 females) were re-admitted on fresh Reception Orders rendered necessary by previous Orders having expired under Section 38 (1) of the Lunacy Act, 1890.

(c) In addition to these numbers, 179 patients (47 males and 132 females) were transferred while resident during 1930 from the Private to the Rate-aided Class; and 76 Criminal (Private) Patients (68 males and 8 females) were retained in the Institution as Rate-aided patients on their ceasing to be "Criminals" during the same year.

(d) 4,678 of these patients were paid for by the Ministry of Pensions and classed as "Service" patients; and 421 were paid for by the Board of Control and classed as "Ex-Service" patients.

TABLE I.—*continued*.—COUNTY, DISTRICT, AND COUNTY-BOROUGH MENTAL HOSPITALS—*continued*.

	DEATHS DURING THE YEAR 1930.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1931.					Average Number Resident during 1930.	RECOVERY RATES.			DEATH RATES.			County, District, and County-Borough Mental Hospitals. (The Local Authorities named are those to whom the several Mental Hospitals belong within the meaning of Sections 242, 244, or 245 of the Lunacy Act, 1890.) C. = County. C.B. = County Borough. B. = Borough of Schedule IV. of Lunacy Act, 1890.	
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients).		RATE-AIDED.		Total Number of Insane.		Proportion [per Cent.] of Recoveries during the Year 1930, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1930.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1930.				
M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	Total.			
1	46	36	82	3	—	41	27	39	18	477	610	1,144	509	635	22·5	22·8	22·7	9·0	5·7	7·2	Wilts.
2	33	33	66	1	1	29	21	43	9	436	594	1,082	461	600	26·7	40·8	34·0	7·2	5·5	6·2	Worcester C., and (for Powick) Dudley C.B., and Worcester C.B. :
3	19	16	35	4	4	18	14	53	63	293	344	753	344	401	23·7	28·0	26·1	5·5	4·0	4·7	Powick.
4	41	31	72	4	4	34	22	29	30	374	492	925	401	516	32·8	50·0	42·1	10·2	6·0	7·9	Barnsley Hall.
5	102	64	166	—	—	97	60	118	—	1,108	1,250	2,476	1,204	1,231	15·8	34·9	24·7	8·5	5·2	6·8	Yorks, North Riding.
6	79	96	175	2	—	77	94	61	3	872	1,018	1,954	916	1,015	32·0	37·8	34·7	8·6	9·5	9·1	Yorks, West Riding, and (except for Scalebor Park) all its associated County Boroughs :
7	78	45	123	2	2	55	24	137	40	759	917	1,853	889	950	23·3	49·1	36·2	8·8	4·7	6·7	Wakefield.
8	5	16	21	5	16	1	2	96	114	—	—	210	100	124	35·7	51·2	47·3	5·0	12·9	9·4	Wadsley.
9	81	68	149	3	1	74	55	55	22	841	938	1,856	860	950	20·0	25·7	22·9	9·4	7·2	8·2	Menston.
10	4	—	4	4	—	—	—	258	—	—	—	258	263	—	—	—	—	1·5	—	1·5	Scalebor Park.
11	16	35	51	2	—	15	34	22	18	279	304	623	279	318	25·0	40·4	33·3	5·7	11·0	8·5	Storthes Hall.
12	24	14	38	1	1	21	12	65	11	313	382	771	381	389	40·7	49·4	45·7	6·3	3·6	4·9	Do. (Min. of Pensions Wing).
13	42	62	104	4	3	31	54	72	13	600	861	1,546	654	881	43·7	49·4	46·9	6·4	7·0	6·8	Yorks, East Riding.
14	33	47	80	3	6	22	41	49	39	298	508	894	344	525	35·2	36·1	35·8	9·6	9·0	9·2	COUNTY-BOROUGH MENTAL HOSPITALS (inc. City of London).
15	56	49	105	3	3	46	45	53	18	435	561	1,067	476	554	23·5	31·5	28·0	11·8	8·8	10·2	Birmingham: Winson Green.
16	10	14	24	1	—	10	12	14	23	95	107	239	110	130	22·2	14·3	20·0	9·1	10·8	10·0	Rubery Hill.
17	27	25	52	2	1	22	17	44	12	299	408	763	334	418	36·2	41·4	39·2	8·1	5·9	6·9	Brighton.
18	23	24	47	1	2	19	19	37	73	191	430	731	222	485	36·8	41·4	40·0	10·4	4·9	6·6	Bristol.
19	20	18	38	—	3	20	16	21	26	189	274	510	208	304	17·6	40·4	30·9	9·6	5·9	7·4	Canterbury.
20	6	13	19	1	4	4	3	38	36	139	150	363	175	173	35·3	46·9	42·9	3·4	7·5	5·5	Cardiff.
21	9	9	18	1	—	6	5	19	3	185	227	434	187	221	50·0	62·5	57·1	4·8	4·1	4·4	Croydon.
22	31	44	75	3	2	24	28	42	8	338	426	814	375	426	34·2	30·5	32·0	8·3	10·3	9·4	Derby.
23	12	11	23	4	1	9	2	26	21	126	169	342	151	186	46·7	31·0	39·0	7·9	5·9	6·8	Exeter.
24	36	35	71	2	5	31	30	44	17	340	582	983	391	601	38·7	39·6	39·3	9·2	5·8	7·2	Gateshead.
25	16	17	33	8	13	6	2	127	227	133	108	595	257	332	41·4	26·7	33·9	6·2	5·1	5·6	Hull.
26	31	25	56	1	—	23	20	40	9	221	204	474	258	209	22·0	44·7	32·9	12·0	12·0	12·0	Ipswich.
27	43	33	76	2	—	26	20	58	16	502	446	1,022	548	450	19·5	44·7	33·3	7·8	7·3	7·6	Leicester.
28	27	14	41	—	1	18	7	21	14	171	201	407	196	219	39·5	72·4	52·8	13·8	6·4	9·9	London (City of).
29	14	16	30	1	—	11	11	33	5	191	309	538	218	312	22·2	39·2	31·3	6·4	5·1	5·7	Middlesbrough.
30	28	28	56	2	—	19	18	50	19	378	525	972	421	537	56·3	52·0	54·0	6·7	5·2	5·8	Newcastle-upon-Tyne.
31	27	23	50	1	3	15	15	50	24	175	275	524	224	296	21·8	44·1	33·3	12·1	7·8	9·6	Newport.
32	38	39	77	11	10	5	8	108	124	316	527	1,075	419	625	15·3	28·1	22·0	9·1	6·2	7·4	Norwich.
33	11	13	24	—	—	11	11	31	10	230	243	514	249	236	67·6	38·2	49·4	4·4	5·5	4·9	Nottingham.
34	29	32	61	—	—	15	20	54	1	485	595	1,135	514	586	31·6	54·6	44·5	5·6	5·4	5·5	Plymouth.
35	2	12	14	1	1	1	9	18	14	154	192	378	165	205	25·0	44·0	34·7	1·2	5·9	3·8	Portsmouth.
36	3,883	3,974	7,857	234	229	2,740	2,664	6,519 (d)	2,977	46,584	63,579	119,659	52,427	65,612	29·8	35·5	33·0	7·4	6·1	6·7	Sunderland.
																					West Ham.
																					York.
																					TOTAL.

TABLE I.—continued—REGISTERED HOSPITALS,

COUNTY.	REGISTERED HOSPITALS, NAVAL AND MILITARY HOSPITALS, AND CRIMINAL ASYLUM.	NUMBER OF PATIENTS, 1st JANUARY, 1930.					ADMISSIONS DURING THE YEAR 1930.												DISCHARGES DURING THE YEAR 1930.									
							Of the Total Number.												Of the Total Number.									
		PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Number of Insane.	Total Number.			Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution or in any Institution for the Insane, not including Transfers from other Institutions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institutions for the Insane.		Of the Number of Transfers.		Total Number			Private (including Criminal Patients).		Discharged Recovered.		Of the Number Discharged Recovered			
		M.	F.	M.	F.		M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	M.	F.	M.	F.		
REGISTERED	HOSPITALS :																											
Chester	... Manchester Royal Hospital, Cheadle ...	87	173	—	—	260	17	50	67	17	50	3	8	1	3	1	3	16	33	49	16	33	6	16	6	16	1	
Devon	... Wonford House, Exeter ...	45	82	—	—	127	17	16	33	17	16	3	2	1	3	1	3	7	10	17	7	10	1	2	1	2	2	
Gloucester	... Barnwood House, Gloucester ...	57	84	—	—	141	7	25	32	7	25	—	2	2	4	2	4	7	20	27	7	20	4	11	4	11	3	
Kent	... Bethlem Royal Hospital, Eden Park, Becken- ham ...	31	53	—	—	84	16	32	48	16	32	1	5	5	3	5	3	34	59	93	34	59	3	5	3	5	4	
Lincoln	... The Lawn, Lincoln ...	11	39	—	—	50	3	7	10	3	7	—	3	—	1	—	1	2	10	12	2	10	1	5	1	5	5	
Norfolk	... Bethel Hospital, Norwich ...	14	47	—	—	61	5	10	15	5	10	—	3	1	1	1	1	3	6	9	3	6	—	4	—	4	6	
Northampton	... St. Andrew's Hospital, Northampton ...	199	250	—	—	449	30	41	71	30	41	2	15	10	9	10	9	19	36	55	19	36	8	22	8	22	7	
Notts	... The Coppice, Nottingham ...	43	49	—	—	92	12	16	28	12	16	1	—	2	1	2	1	8	12	20	8	12	4	5	4	5	8	
Oxford	... The Warneford, Headington Hill, Oxford ...	41	51	—	—	92	13	18	31	13	18	2	4	1	3	1	3	13	14	27	13	14	5	8	5	8	9	
Stafford	... Coton Hill Hospital, Stafford ...	35	80	—	—	115	13	20	33	13	20	2	2	2	4	2	4	4	9	13	4	9	3	6	3	6	10	
Surrey	... Holloway Sanatorium, St. Ann's Heath, Virginia Water.	139	194	—	—	333	20	21	41	20	21	6	4	5	5	5	5	12	17	29	12	17	3	6	3	6	11	
York City (N.R.)	... Bootham Park, York ...	42	48	—	—	90	5	6	11	5	6	—	2	—	1	—	1	4	9	13	4	9	3	3	3	3	12	
„ (E.R.)	... The Retreat, York ...	52	116	—	—	168	18	24	42	18	24	1	4	1	4	1	4	12	27	39	12	27	4	11	4	11	13	
TOTAL (Registered Hospitals) ...		796	1,266	—	—	2,062	176	286	462	176	286	(a) 54		31	42	31	42	141	262	403	141	262	45	104	45	104	14	
		(a)																										
NAVAL AND MILITARY HOSPITALS:																												
Hants	... Royal Military Hospital, Netley, Southampton	37	—	—	—	37	190	—	190	190	—	—	—	—	—	—	—	173	—	173	173	—	76	—	76	—	15	
Norfolk	... Royal Naval Hospital, Great Yarmouth	115	—	—	—	115	9	—	9	9	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	16	
TOTAL (Naval and Military Hospitals) ...		152	—	—	—	152	199	—	199	199	—	—	—	—	—	—	—	173	—	173	173	—	76	—	76	—	17	
CRIMINAL ASYLUM:																												
Berks	... State Criminal Asylum, Broadmoor, Crow- thorne, Berks....	622	202	3	—	827	53	10	63	53	10	13	3	—	—	—	—	44	8	52	43	8	9	7	9	7	18	

(a) In addition to these numbers, 4 Patients (1 male and 3 females) were re-admitted on fresh Reception Orders rendered necessary by previous Orders having expired under Section 38 (1) of the Lunacy Act, 1890.

NAVAL AND MILITARY HOSPITALS, AND STATE CRIMINAL ASYLUM.

	DEATHS DURING THE YEAR 1930.							NUMBER OF PATIENTS REMAINING, 1st JANUARY 1931.					Average Number Resident during 1930.	RECOVERY RATES.			DEATH RATES.			Registered Hospitals, Naval and Military Hospitals, and Criminal Asylum.	
	Total Number.			Of the Total Number.				PRIVATE (including all Criminal Patients). RATE-AIDED. Total Number of Insane.						Proportion [per Cent.] of Recoveries during the Year 1930, to Admissions [excluding Transfers and Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1)] during the Year 1930.			Proportion [per Cent.] of Deaths to Daily Average Number Resident during the Year 1930.				
M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.	M.	F.	Total.			
1	10	15	25	10	15	—	1	78	175	—	—	253	85	178	37·5	34·0	34·9	11·8	8·4	9·5	Manchester Royal Hospital, Cheadle. Wonford House. Barnwood House.
2	8	4	12	8	4	—	—	47	84	—	—	131	46	84	6·3	15·4	10·3	17·2	4·8	9·2	
3	4	3	7	4	3	—	—	53	86	—	—	139	55	84	80·0	52·4	57·7	7·3	3·6	5·0	
4	1	4	5	1	4	1	4	12	22	—	—	34	17	27	27·3	17·2	20·0	5·9	14·8	11·4	Bethlem Royal Hospital. The Lawn. Bethel Hospital, Norwich. St. Andrew's Hospital. The Coppice. The Warneford. Coton Hill Hospital.
5	—	5	5	—	5	—	1	12	31	—	—	43	13	37	33·3	83·3	66·7	—	13·5	10·0	
6	2	2	4	2	2	—	—	14	49	—	—	63	14	49	—	44·4	30·8	14·1	4·1	6·3	
7	6	7	13	6	7	2	3	204	248	—	—	452	193	243	40·0	71·0	58·8	3·1	2·9	3·0	Holloway Sanatorium. Bootham Park, York. The Retreat, York.
8	5	5	10	5	5	—	—	42	48	—	—	90	42	50	40·0	35·7	37·5	11·9	10·0	10·9	
9	3	6	9	3	6	1	3	38	49	—	—	87	40	48	41·7	57·1	50·0	7·5	12·5	10·2	
10	3	10	13	3	10	—	2	41	81	—	—	122	39	79	27·3	37·5	33·3	7·7	12·7	11·0	TOTAL (Registered Hospitals).
11	4	9	13	4	9	1	3	143	189	—	—	332	141	193	21·4	37·5	30·0	2·8	4·7	3·9	
12	5	5	10	5	5	—	—	38	40	—	—	78	39	45	60·0	60·0	60·0	12·8	11·1	11·9	
13	6	8	14	6	8	1	—	52	105	—	—	157	53	109	23·5	55·0	40·5	11·3	7·3	8·6	Royal Military Hospital. Royal Naval Hospital.
14	57	83	140	57	83	6	17	774	1,207	—	—	1,981	777	1,226	31·3	43·2	38·7	7·3	6·8	7·0	
15	—	—	—	—	—	—	—	54	—	—	—	54	32	—	40·0	—	40·0	—	—	—	
16	5	—	5	5	—	2	—	119	—	—	—	119	118	—	—	—	—	4·3	—	4·3	Criminal Lunatic Asylum, Broadmoor.
17	5	—	5	5	—	2	—	173	—	—	—	173	150	—	38·2	—	38·2	3·3	—	3·3	
18	16	3	19	16	3	8	—	616	201	2	—	819	623	201	17·0	70·0	25·4	2·6	1·5	2·3	

TABLE I.—continued—PROVINCIAL LICENSED HOUSES.

COUNTY.	HOUSES.	NUMBER OF PATIENTS, 1st JANUARY 1930.						ADMISSIONS DURING THE YEAR 1930.												DISCHARGES DURING THE YEAR 1930.										DEATHS DURING THE YEAR 1930.						NUMBER OF PATIENTS REMAINING, 1st JANUARY 1931.						Average Number Resident during 1930.	
		PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Number of Insane.	Total Number			Of the Total Number.						Total Number.			Of the Total Number.				Total Number.			Of the Total Number.			PRI- VATE (in- cluding all Criminal Patients).		RATE- AIDED.		Total Num- ber of In- sane.										
										Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).		Transfers from other Institu- tions for the Insane.					Of the Number of Transfers		Private (including Criminal Patients).					Private (including Criminal Patients).		Discharged Recovered.						Of the Number Discharged Recovered.		Private (in- cluding Criminal Patients).		Private (in- cluding Criminal Patients).		Number of Post- mortem Exami- nations made.			
		M.	F.	M.	F.		M.	F.	Total	M.	F.		M.	F.	M.	F.	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.					
Beds (Bedford Borough).	Bishopstone House, Bedford ...	—	7	—	—	7	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	—	—	8	—	8								
Beds ...	Springfield House, Bedford ...	16	23	—	—	39	4	11	15	4	11	—	—	2	5	2	5	6	8	14	6	8	—	1	—	1	2	1	3	2	1	—	—	12	25	—	—	37	13	25			
Derby ...	Wye House, Buxton ...	11	8	—	—	19	4	5	9	4	5	2	—	—	1	—	1	3	2	5	3	2	—	2	—	2	2	3	5	2	3	—	—	10	8	—	—	18	11	10			
Devon ...	Court Hall, Kenton, Exeter ...	—	7	—	—	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	6	—	—	6	—	7				
„ ...	Plympton House, Plympton ...	4	11	—	—	15	7	3	10	7	3	—	—	—	—	—	6	5	11	6	5	1	1	1	1	—	—	—	—	—	—	—	5	9	—	—	14	7	11				
Durham ...	Middleton Hall, Middleton St. George	13	31	—	—	44	6	21	27	6	21	1	1	—	1	—	1	7	15	22	7	15	4	8	4	8	2	3	5	2	3	—	—	10	34	—	—	44	7	27			
Essex ...	Littleton Hall, Shenfield, Brentwood	—	19	—	—	19	—	8	8	—	8	—	—	—	1	—	1	—	7	7	—	7	—	3	—	3	—	1	1	—	1	—	—	—	19	—	—	19	—	19			
Gloucester ...	Northwoods, Winterbourne, Bristol ...	13	18	—	—	31	3	20	23	3	20	—	6	—	4	—	4	4	15	19	4	15	1	9	1	9	2	3	5	2	3	—	1	10	20	—	—	30	11	17			
„ ...	The Retreat, Fairford ...	15	26	—	—	41	4	6	10	4	6	1	2	1	1	1	1	1	4	5	1	4	1	2	1	2	4	2	6	4	2	—	—	14	26	—	—	40	14	27			
Kent ...	Malling Place, West Malling, Maidstone	2	33	—	—	35	1	9	10	1	9	—	1	—	4	—	4	2	6	8	2	6	—	1	—	1	—	4	4	—	4	—	1	1	32	—	—	33	1	32			
Lancaster ...	Haydock Lodge, Newton-le-Willows ...	58	63	—	—	121	17	24	41	17	24	3	5	—	3	—	3	11	20	31	11	20	5	5	5	5	11	7	18	11	7	—	—	53	60	—	—	113	53	61			
„ (Liver- pool City).	Tue Brook Villa, Green Lane, Liver- pool.	25	15	—	—	40	5	5	10	5	5	—	—	—	—	—	5	7	12	5	7	2	1	2	1	1	1	2	1	1	—	—	24	12	—	—	36	25	13				
Lancaster ...	Shaftesbury House, Formby, near Liverpool.	7	28	—	—	35	3	20	23	3	20	—	5	—	—	—	1	18	19	1	18	1	8	1	8	1	3	4	1	3	—	—	8	27	—	—	35	7	26				
Norfolk (Nor- wich City).	Heigham Hall, Norwich ...	13	32	—	—	45	5	6	11	5	6	—	1	1	—	1	—	2	4	6	2	4	1	3	1	3	4	1	5	4	1	—	—	12	33	—	—	45	13	33			
„	The Grove, Catton Grove Road, Norwich	—	16	—	—	16	—	1	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17	—	—	17	—	16				
Salop ...	Stretton House, Church Stretton, Salop	21	—	—	—	21	4	—	4	4	—	1	—	1	—	—	4	—	4	4	—	1	—	1	—	3	—	3	3	—	—	—	18	—	—	—	18	20	—				
„ ...	Grove House, All Stretton, Salop ...	—	31	—	—	31	—	7	7	—	7	—	1	—	—	—	—	5	5	—	5	—	2	—	2	—	1	1	—	1	—	—	—	—	32	—	—	32	—	30			
„ ...	Boreatton Park, Baschurch, near Shrewsbury.	1	6	—	—	7	2	1	3	2	1	—	—	—	—	—	1	2	3	1	2	—	—	—	—	—	1	1	—	1	—	—	2	4	—	—	6	1	5				
Somerset ...	Brislington House, Bristol ...	32	42	—	—	74	9	15	24	9	15	1	2	1	—	1	—	7	8	15	7	8	1	5	1	5	6	9	15	6	9	1	—	28	40	—	—	68	29	40			
„ ...	Bailbrook House, Bath Easton, Bath ...	2	27	—	—	29	—	8	8	—	8	—	—	—	2	—	2	—	8	8	—	8	—	—	—	—	—	3	3	—	3	—	—	2	24	—	—	26	2	26			
Stafford ...	Ashwood House, Kingswinford, Dudley	9	16	—	—	25	2	6	8	2	6	—	—	—	—	—	1	3	4	1	3	1	—	1	—	2	—	2	2	—	—	—	8	19	—	—	27	9	17				
„ ...	The Moat House, Tamworth ...	—	4	—	—	4	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	—	4	—	—	4	—	4				
Surrey ...	The Silver Birches, Church St., Epsom	—	9	—	—	9	—	2	2	—	2	—	—	—	1	—	1	—	1	1	—	1	—	—	—	—	—	—	—	—	—	—	—	10	—	—	10	—	10				
Sussex ...	Ticehurst House, Ticehurst ...	39	41	—	—	80	8	12	20	8	12	1	—	4	6	4	6	5	5	10	5	5	—	4	—	4	—	2	2	—	2	—	—	42	46	—	—	88	40	43			

TABLE I.—continued—PROVINCIAL LICENSED HOUSES—continued.

COUNTY.	HOUSES.	NUMBER OF PATIENTS, 1st JANUARY 1930.					ADMISSIONS DURING THE YEAR 1930.										DISCHARGES DURING THE YEAR 1930.								DEATHS DURING THE YEAR 1930.						NUMBER OF PATIENTS REMAINING, 1st JANUARY 1931.						Average Number Resident during 1930.				
		PRIVATE (including all Criminal Patients).		RATE- AIDED.		Total Number of Insane.	Of the Total Number.										Of the Total Number.								Of the Total Number.						PRI- VATE (in- cluding all Criminal Patients).	RATE- AIDED.		Total Number of Insane.							
							Total Number	Private (including Criminal Patients).		Re-admissions known to have been at some previous time in the Institution, or in any Institution for the Insane, not including Transfers from other Institu- tions, or Re-admissions on fresh Reception Orders rendered necessary by previous Order having expired under the Lunacy Act, 1890, Section 38 (1).	Transfers from other Institu- tions for the Insane.		Of the Number of Transfers.		Total Number.	Private (including Criminal Patients).		Discharged Recovered.	Of the Number Discharged Recovered.		Total Number.	Private (in- cluding Criminal Patients).		Number of Post- mortem Exami- nations made.																	
		M.	F.	M.	F.		M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.	F.	Total	M.	F.	M.	F.	M.	F.	M.		F.	M.	F.	
Sussex	St. George's Retreat, Burgess Hill ...	-	69	-	-	69	-	18	18	-	18	-	1	-	6	-	6	-	10	10	-	10	-	4	-	4	-	8	8	-	8	-	-	-	69	-	-	69	-	69	
„	Periteau House, Winchelsea	-	4	-	-	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	-	4	-	4			
„ (Hastings Borough).	Ashbrook Hall, Hollington, St. Leonards-on-Sea.	-	6	-	-	6	-	1	1	-	1	-	-	-	-	-	2	2	-	2	-	1	-	1	-	-	-	-	-	-	-	5	-	-	5	-	5				
Warwick ...	Glendossill, Henley - in - Arden, Birmingham.	11	23	-	-	34	4	10	14	4	10	1	-	-	1	-	1	3	8	11	3	8	2	2	2	2	-	1	1	-	1	-	-	12	24	-	-	36	11	25	
Wilts	Laverstock House, Salisbury ...	20	29	-	-	49	12	17	29	12	17	-	2	2	2	2	5	12	17	5	12	-	3	-	3	4	4	8	4	4	-	-	23	30	-	-	53	22	29		
„ (New Sarum City).	The Old Manor, Salisbury	262	208	-	-	470	45	68	113	45	68	7	14	14	17	14	17	24	40	64	24	40	11	10	11	10	21	18	39	21	18	1	-	262	218	-	-	480	264	212	
Wilts	Fiddington House, Market Lavington. Devizes.	5	18	-	-	23	-	4	4	-	4	-	-	-	1	-	1	-	3	3	-	3	-	1	-	1	-	-	-	-	-	5	19	-	-	24	5	19			
„	Kingsdown House, Box, Chippenham	-	28	-	-	28	-	5	5	-	5	-	-	-	-	-	-	12	12	-	12	-	2	-	2	-	1	1	-	1	-	-	-	20	-	-	20	-	27		
Yorks, W.R. ...	Greta Bank, Burton-in-Lonsdale, Kirkby Lonsdale.	-	7	-	-	7	-	1	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8	-	-	8	-	7				
„ (Rother- ham Borough).	The Grange, Kimberworth, Rother- ham.	-	13	-	-	13	-	11	11	-	11	-	3	-	-	-	-	9	9	-	9	-	2	-	2	-	3	3	-	3	-	-	-	12	-	-	12	-	14		
York (York City)	The Pleasaunce, Heworth, York ...	-	7	-	-	7	-	5	5	-	5	-	-	-	1	-	1	-	2	2	-	2	-	1	-	1	-	1	1	-	1	-	-	-	9	-	-	9	-	8	
TOTAL		579	925	-	-	1,504	145	332	477	145	332	18		44	26	59	26	59	98	241	339	98	241	32	81	32	81	65	83	148	65	83	2	2	561 (b)	933	-	-	1,494	565	926

(a) In addition to these numbers, 10 patients (2 males and 8 females) were re-admitted on fresh Reception Orders rendered necessary by previous Orders having expired under Section 38 (1) of the Lunacy Act, 1890.
(b) 140 of these patients were paid for by the Ministry of Pensions, and classed as "Service" patients.

TABLE II.—STATISTICS OF THE VOLUNTARY BOARDERS (53 VICT. c. 5, ss. 229, 231 (8) and 54 & 55 VICT. c. 65, s. 20) in REGISTERED HOSPITALS and LICENSED HOUSES during the Year 1930.

	Number of Boarders 1 January, 1930.			Number admitted during 1930.		Number who ceased to be Boarders during 1930.						Number of Boarders remaining 1 January, 1931.		
	M.	F.	Total.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	Total.
REGISTERED HOSPITALS:														
Manchester Royal	28	30	58	47	65	(a) 1	(b) 11	41	36	5	6	28	42	70
Wonford House	2	7	9	1	6	1	3	—	4	—	1	2	5	7
Barnwood House	6	12	18	7	14	1	(c) 4	6	10	1	—	5	12	17
The Lawn	5	17	22	5	17	1	(c) 4	3	20	1	1	5	13	18
Bethlem Royal	45	48	93	36	38	(a) 1	(c) 9	55	55	1	—	21	22	43
Bethel	10	16	26	10	26	(d) 4	(c) 3	7	18	2	1	11	20	31
St. Andrew's	34	38	72	53	37	—	4	32	37	6	3	43	31	74
The Coppice	2	4	6	4	9	6	1	3	6	—	1	3	5	8
The Warneford	5	9	14	16	23	—	5	8	16	2	3	11	8	19
Coton Hill	3	4	7	3	11	—	3	2	5	—	—	4	7	11
Holloway Sanatorium	21	22	43	30	18	6	3	23	19	1	2	21	19	40
Bootham Park	3	6	9	10	17	1	2	6	15	—	—	6	6	12
The Retreat	26	26	52	43	31	4	4	41	22	3	3	21	28	49
METROPOLITAN LICENSED HOUSES:														
Camberwell House	17	33	50	50	84	3	20	39	59	3	4	22	34	56
Brooke House	4	2	6	16	9	3	1	11	7	2	1	4	2	6
Northumberland House	7	9	16	23	13	3	3	22	10	—	1	5	8	13
Hayes Park	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Moorcroft House	5	1	6	8	2	3	—	2	1	1	—	7	1	9
Wyke House	3	—	3	5	2	—	—	3	—	1	—	4	2	6
Peckham House	11	24	35	32	52	2	13	23	34	2	3	16	26	42
Chiswick House	3	3	6	7	3	—	2	6	3	1	—	3	1	4
The Priory	2	—	2	1	—	—	—	2	—	—	—	1	—	1
Hallford House	2	2	4	1	—	1	—	—	—	1	—	2	2	3
Newlands House	2	1	3	4	—	1	—	2	1	—	—	2	2	4
The Flower House	5	—	5	12	1	3	—	9	—	—	—	5	—	5
Clarence Lodge	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Mead House	—	2	2	—	1	—	—	—	1	—	—	—	2	2
Woodend House	—	2	2	—	1	—	—	—	1	—	—	—	1	1
Hendon Grove	—	1	1	—	—	—	—	—	3	—	—	—	—	—
Fenstanton	—	2	2	—	3	—	—	—	4	—	—	—	—	—
PROVINCIAL LICENSED HOUSES:														
Bishopstone House	—	1	1	3	—	2	—	2	—	—	—	—	—	1
Springfield House	1	5	6	2	2	—	—	1	1	—	—	—	2	3
Wye House	—	—	—	—	—	—	—	—	—	—	—	2	1	3
Court Hall	—	1	1	—	—	—	—	—	—	—	—	—	—	—
Plympton House	—	—	—	2	—	—	—	—	2	—	—	—	—	—
Middleton Hall	2	4	6	14	16	2	4	11	10	—	1	3	5	8
Littleton Hall	—	5	5	15	9	—	3	10	5	—	—	7	6	11
Northwoods	—	2	2	4	11	—	1	2	11	—	—	4	2	6
The Retreat, Fairford	—	2	2	4	4	—	—	—	—	—	—	—	—	—
Malling Place	1	3	4	4	—	—	—	2	—	—	—	—	—	—
Haydock Lodge	16	5	21	24	26	3	1	23	18	3	1	11	11	22
Tue Brook Villa	4	3	7	4	6	1	—	3	5	—	—	4	4	8
Shaftesbury House	2	1	3	—	14	—	(a) 4	—	8	—	—	2	3	5
Heigham Hall	—	1	1	6	21	—	(a) 2	1	13	1	—	4	7	11
The Grove, Catton	—	5	5	13	1	1	(a) 1	11	1	—	—	6	4	6
Stretton House	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grove House	—	6	6	—	6	1	3	—	8	—	—	—	—	—
Boreatton Park	—	3	3	—	5	1	1	1	4	—	—	—	3	4
Brislington House	2	6	8	7	11	(a) 2	(a) 2	8	8	1	—	—	12	14
Bailbrook House	—	1	1	1	3	—	1	1	1	—	—	2	2	3
Ashwood House	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Moat House	—	1	1	—	1	—	—	—	1	—	—	—	—	—
Ticehurst House	—	4	4	3	—	—	—	3	5	—	—	—	1	1
St. George's Retreat	—	5	5	—	7	—	2	—	3	—	—	—	2	2
Peritau House	—	1	1	—	1	—	—	—	1	—	—	—	1	1
Ashbrook Hall	—	2	2	—	1	—	—	—	2	—	—	—	—	—
Glendossill	—	1	1	—	3	—	—	—	1	—	—	—	—	—
Laverstock House	—	1	1	4	3	—	—	4	2	—	—	7	4	11
The Old Manor	8	4	12	11	15	4	3	7	12	1	—	23	5	28
Fiddington House	19	41	60	42	58	12	13	23	49	3	2	1	8	6
Kingsdown House	2	4	6	3	3	—	1	3	1	1	—	—	2	2
Greta Bank	—	4	4	—	16	—	2	—	10	—	—	—	2	2
The Grange	—	1	1	—	1	—	—	—	6	—	—	—	—	—
The Pleasaunce	1	3	4	4	11	—	2	5	9	—	—	—	1	1
SUMMARY:														
Registered Hospitals	190	239	429	265	312	(e) 25	(f) 49	227	263	22	21	181	218	399
Metropolitan Licensed Houses	60	83	143	159	178	19	40	119	124	11	11	70	86	156
Provincial Licensed Houses	75	136	211	162	267	(a) 28	(c) 48	119	204	10	9	80	142	222
Total	325	458	783	586	757	(b) 72	(g) 137	465	591	43	41	331	446	777*

Of these, certified and sent to other Institutions: (a) 1; (b) 5; (c) 3; (d) 2; (e) 4; (f) 11; (g) 14.

* In addition there were resident on this date 184 voluntary patients (75 males and 109 females) in the London County Maudsley Hospital; and 80 (46 males and 34 females) in the City of London Mental Hospital.

APPENDIX C.

ENTRIES BY COMMISSIONERS AT COUNTY AND BOROUGH MENTAL HOSPITALS.

Beds, Herts and Hunts (Three Counties) Mental Hospital.

October 1st, 1930.

It is just over nine months since my colleague visited this hospital, and in the interval the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	52	76	128
Transferred to other care - -	3	4	7
Discharged from reception order -	18	31	49
of whom had recovered - -	18	28	46
Allowed out on trial - - -	27	30	57
of whom granted allowances -	8	6	14
Died - - - - -	29	28	57

Only one of the discharges was made under s. 79, and I regret that more use of that section has not been made, as suggested by my colleague.

There are now on the statutory books the names of 1,059 patients in the proportion of 484 males to 575 females. Ten men and 12 women are now out on trial, leaving 1,037 as the total number in residence. The average number in residence during last year was 1,034—480 males and 554 females. The total accommodation in the hospital is for 482 males by day, and 495 by night, and for 572 females by day and 588 by night. There is therefore but vacant day space for 2 male and 18 female patients, and vacant night space for 15 males and 34 females. Out-county patients only number 4, all women.

There are 40 men and 27 women classified as private patients, 27 of the former being of the "Service" or "ex-Service" class. The private patients are chiefly accommodated in wards 8 on either side.

The weekly maintenance charge has been increased from 19s. 10d. a head to 22s. 2d. for the counties' patients. For those of the private class it is from 31s. 6d. to 42s. The average actual weekly cost as last ascertained was 22s. 4³/₈d.

During my visit to all the wards, and work departments of the hospital I believe I have seen all the patients in residence, and given them an opportunity of talking to me. Apart from the usual number of appeals for discharge I received no complaints as to treatment. The patients were generally very quiet, orderly in their conduct and appeared contented, and comfortable in their surroundings. Their dress and personal appearance were generally satisfactory, though there was a marked contrast between the more degraded female patients and others in the style of dress.

I saw the dinner meal being partaken of in the two halls, where 239 males and 166 females were accommodated. A feature of the female dining hall is that the patients are seated at small tables, four to each table. The meal consisted of roast beef with potatoes and cabbages followed by milk puddings to about two-thirds of the number dining. On visiting the dairy I was interested in seeing the making of cheese, and to learn that nearly six tons have been made this year.

I noticed that the kitchen, with the adjoining scullery, and also the male scullery, badly need redecoration. The wards generally are in a good state of decorative repair, and some have recently been done up; for instance No. 1 on the female side, which it is proposed to use with No. 2, as admission wards in place of the present No. 7. If this plan answers, a similar arrangement may be made on the male side. The single rooms

and dormitories were tidy, the beds, and bedding well arranged and clean. Some 36 of the single rooms have been fitted with small observation doors.

I noticed that the superficial areas of floor space are not now indicated in the various departments of the wards. I understand that they were, but have been painted over during redecoration. All that my Board require is a small label attached to the doors of the various rooms, other than single rooms, in an inconspicuous place.

I also observed that the outside iron staircases for use in cases of emergency were not provided with electric light. I suggest that they should be lit by a cable not connected with the one in the ward.

On visiting the mortuary I noticed that the viewing room was in a bad state of decoration. No doubt the Committee will see that this compartment is soon put into a decent state.

The health of the hospital is good. No case of infective disorder has occurred since the last visit. To-day 10 men and 14 women are returned as suffering from tuberculosis, and of the 57 deaths that have occurred in the period under review 6 were from that disease. For 1929 the mean rate for all mental hospitals of deaths per 1,000 population from tuberculosis was 6.9, whereas in this hospital in 1929 it was 10.6.

With two exceptions all the 57 deaths were from natural causes, verified in the creditable proportion of 75.4 per cent. by post-mortem examination. Inquests were held in the two excepted cases, one being where a female patient died from cardiac failure following asphyxia due to blocking of the bronchi by the insufflation of food, and in the other death was due to corrosive acid poisoning self administered before admission here. One other inquest was held where death was due to pneumonia and epilepsy.

The principal causes of death were pneumonia and senile decay in 13 cases each, general paralysis, heart disease and kidney disease in 4 each.

The mortality rate for 1929 was 10.2 per cent. for males, and 11 per cent. for females, or 10.64 per cent. for the two sexes combined, compared with the mean rates for all mental hospitals of 8.4, 7.7 and 8 per cent. respectively.

There have been six cases of fractures of bones in two male and four female patients, all with one exception caused by accidental falls. The excepted case was one where a male patient was pushed down by another patient.

To-day I found 16 men and 19 women confined to bed, nearly all on account of their mental state.

No mechanical restraint has been employed, but seclusion is still rather largely resorted to; 8 men and 26 women have been secluded on occasions amounting in all to 4,181 hours.

The works completed since the last visit include the new entrance to the hospital at the back of the building, and in progress now is the construction of a vaccine room, and interior and exterior painting of the hospital.

I had the advantage of meeting the chaplain, and learning from him of his work in conducting the "school" for some of the juvenile patients, and seeing his good stock of library books.

The present staff of nurses consists of:—

	Men.	Women.	Total.
Charge	9	9	18
2nd Charge	9	9	18
Ordinary	43	41	84
Night	8	10	18
Certificated or registered	30	10	40
Passed preliminary examination only	8	8	16

Dr. Fuller still has the assistance of the same two medical officers, Dr. P. D. Hunter and Dr. L. A. Finieffs.

Berkshire Mental Hospital.

January 16th, 1930.

During yesterday afternoon and to-day I have made the annual inspection of this hospital, and, as the result, can report very favourably on the way in which the patients are treated and on the good order that prevailed throughout the building.

I believe I saw all the patients, and I gave to everyone who wished the opportunity of speaking to me. Generally they appeared to be very contented with their surroundings, and a number spoke of the kindness they have received from the members of the staff, with whom they appeared to be on excellent terms.

The wards were well kept and were nicely decorated with flowers, while there appeared to be a good supply of books and bound magazines for the patients' amusement. Writing paper is supplied to all wards.

In the ward gardens I thought there was too great a mixture of patients of different grade, and, especially, I did not like the new admissions being brought into contact with troublesome chronic patients. I discussed this with Dr. Read and quite understand his difficulties, but hope efforts will be made to improve matters. The gardens for the more troublesome women have not yet been re-organised, but will, I understand, be taken in hand at an early date. When this is done it may be found possible to increase the area of grass, and to add a number of flower beds and shrubs.

Since the last visit the dining hall and female 1 ward have been redecorated, and the extensions to the isolation hospital, which I hope will now be renamed, have been nearly completed. The erection of the new house for the medical superintendent has been started, as has the erection of a verandah to male ward 8. This verandah will be on similar lines to that in female 8, which I was told, has proved to be of a very satisfactory type.

When the new house for the Superintendent is finished, his present house will be adapted for patients, and it is hoped to make it into a comfortable home for trusted and parole women.

The alterations at the Hungerford Poor Law Institution have been completed, and already 20 female patients are boarded out there under s. 26 of the Lunacy Act.

All the above improvements are very satisfactory, and it is to be hoped that when they are finished the Committee will be able to see their way to commence the much-needed admission hospital for both sexes, which will also contain the various medical facilities, such as X-rays, operative theatre, continuous baths, etc., without which the hospital cannot be said to be fully equipped.

The changes amongst the patients have left on the books the names of 365 men and 479 women, a total of 844, but of these 20 women are boarded out at Hungerford, and one man was absent on trial, so that to-day those in residence numbered 823, 364 men and 459 women. There are now vacancies by night for 7 men, and 31 women, but by day the female side is overcrowded by 27 patients.

The maintenance charges are 16s. 4d. a week for home and 20s. 1d. for private patients.

The health of the patients has been most satisfactory, and there has been an entire absence of epidemic disease. Only two patients, one of each sex, are known to be suffering from tuberculosis in any form, and this disease was the cause in only three deaths.

The sick patients and those in bed for mental reasons seemed to be being carefully nursed, but I thought the equipment of the hospital wards would be improved by the addition of glass topped hospital trolleys for dressings, etc.

All the 37 deaths were due to natural causes, and the cause was verified by post-mortem examination in 50 per cent. of the deaths, a higher proportion than was formerly maintained. No inquests have been held.

I saw a good dinner of roast beef and two vegetables being well served to some 300 patients in the dining hall, and from the figures produced to me the diet appeared to be satisfactory, an extra being given every day for both breakfast and tea, but I hope it may be found possible to vary the rota of the dinners so that the patients will not always know what to expect.

An electric mixer in the kitchen would be, I am sure, of the greatest value. Perhaps the Committee will consider the advantages of providing one.

I should also like to suggest the appointment of a female occupation officer, whose duty would be to teach and interest those patients who now sit about all day doing nothing. Such an officer has been appointed in a number of hospitals, and her influence for good on the patients has been found to be excellent.

As the Committee is already doing so much for the improvement of this hospital, I hardly like to suggest that they should provide a permanent cinema for the recreation hall, but this form of amusement is so popular in similar hospitals that I venture to ask that they should consider its early provision.

The staff consists of 42 men and 45 women for day duty, and of 6 men and 7 women for night duty. Of the former 15 and of the latter 12 are certificated or registered as mental nurses, and in addition 9 men and 12 women have passed the preliminary examination for the certificate.

Dr. Read has the assistance of Drs. Holder and Rohan as medical officers, and is able to obtain the advice of Mr. W. B. Secretan, visiting surgeon, when necessary.

*Brecon, Radnor and Montgomery (the Mid-Wales Counties)
Mental Hospital.*

August 20th, 1930.

The changes amongst the patients since the last visit, 87 admissions, 42 discharges and 24 deaths, leave on the books the names of 482 patients, 228 men and 254 women, and all were in residence, and, with 4 exceptions (male patients) who were out, I believe were seen by me to-day.

Of this number 23 male patients are chargeable to Swansea, and 27 men and 5 women are classed as private patients; 22 of the former being either "Service" or "ex-Service" patients.

As the accommodation of the hospital provides for only 361 patients by day and for 436 by night, there is overcrowding by day by 47 men and 74 women, and by night by 9 men and 37 women.

This overcrowding will to a great extent be relieved when the new wards for female patients are completed, and when Swansea is able to accommodate its own patients, but until then the present conditions must remain.

The maintenance charges are 19s. 10d. for home and from 21s. 10d. to 24s. 10d. for private patients; the average weekly cost as last ascertained being slightly over 19s. 3d.

The improvements completed since the last visit consist of the installation of a refrigerator in the butcher's shop, and of internal decoration on the male side of the hospital. Paper has largely been used in the ward decoration, and the result is in every way most pleasing.

Works now in progress include the centralisation of the heating and hot water services, further internal decoration, and the erection of the new block.

This block, which will contain 60 patients on two floors, has been designed for use on the ground floor as an admission ward at one end and for sick patients at the other, and on the first floor for convalescent and quiet patients. It will also contain rooms for treatment by continuous baths and by X-rays and ultra violet rays, and it should prove to be a most valuable addition to the hospital. I understand that it is hoped to occupy the block towards the end of the year.

I went round the building with Dr. Drummond, and I can report most favourably as to the condition in which it is kept, and as to the general comfort and happiness of the patients.

I gave to all patients the opportunity of speaking to me, but received no complaints as to their treatment, and not a few spoke highly of the kindness they had received.

They were well and tidily dressed, their sitting rooms were well provided with books and other amusements, and their gardens were kept in good order.

The grass bank outside the female wards is being planted with shrubs and flowers, and the result should show a well thought out improvement.

The patients' health has been good, and the death rate, though higher than last year, is still a satisfactory low one of 5·8 per cent.

The hospital has been entirely free from infectious disease and only 5 patients, 2 men and 3 women, are known to be suffering from tuberculosis.

Those under treatment in bed were mostly there for mental reasons, and no one was in any way seriously ill. The sick appeared to be receiving careful treatment from the nursing staff in the infirmary wards, and extra diets are freely issued for those who need them, but I hope extra milk, etc., will be issued for the use of the night nurse in these wards, if this is not already done, so that any patient desiring a drink during the night will be able to have one.

In connection with the sick nursing I was surprised to hear that there is no fully trained hospital nurse on the staff, and hope the Committee will consider making such an appointment at an early date. A fully qualified assistant matron (there is no such post at present) who besides her other duties as matron's assistant, could act as sister tutor, and instruct both male and female nurses in sick nursing, would be of the greatest assistance to the medical staff, and, I am sure, her appointment would never be regretted.

Two of the deaths, one of which occurred whilst the patient was on trial, were due to a suicidal act, and the facts of each were enquired into by the coroner and were reported to my Board at the time. The remaining deaths were all due to natural causes and call for no mention here.

The staff consists of 24 male and 27 female nurses for day, and of 3 of each sex for night duty. Those certificated or registered as mental nurses number 16 men and 9 women, and 6 men and 11 women have passed the preliminary examination for the certificate.

As much freedom as possible is allowed to patients on both sides, and four wards on each side, including the farm villa and isolation hospital are administered on the open-door principle. In addition 36 male patients are allowed parole beyond the grounds, and 52 other men and 12 women within the estate boundaries. This is very satisfactory.

In the isolation hospital I noticed that 3 patients were sleeping on the first floor. This floor has no second exit, and is quite unsafe in case of fire. The patients should not be allowed to sleep there until some arrangement is made to give an alternative exit.

Unfortunately, Dr. Drummond is at present quite alone. Dr. Evans, who is leaving shortly, being on holiday. It is to be hoped that a *locum tenens* medical officer may be appointed until the permanent assistant's post can be filled.

I was most pleased with my visit, and with the condition in which I found the hospital.

Bucks Mental Hospital.

January 15th, 1930.

Paying the annual visit to this institution on behalf of my Board, I am glad to report that it continues to be well maintained, and ably administered by Dr. Kerr.

Since my colleague's visit eight months ago the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	37	59	96
Transferred to other care - -	—	22	22
Discharged from reception order -	21	38	59
of whom had recovered - -	16	31	47
of whom dealt with under s. 79 -	3	4	7
Allowed out on trial - - -	16	26	42
of whom granted allowances -	14	8	22
Died - - - - -	18	19	37

There are now on the statutory books the names of 711 patients in the proportion of 311 males to 400 females. Two of each sex are now out on trial, leaving 707 patients in residence, all of whom to the best of my belief I have seen, and given an opportunity of speaking to me.

Of the numbers given above as transferred there are included 20 women who have been sent to the Cornwall Mental Hospital under a three year contract dating from December 1st last. This is the only immediate step that has been taken to mitigate the overcrowding on the female side, which has still 40 patients by day, and 30 by night over its proper number. The consideration of providing further accommodation by the provision of an admission hospital and otherwise is still before the Visiting Committee, but it does not appear to have advanced very far. On the male side there are 28 vacancies.

Private patients number 81, 44 men and 37 women, 29 of the former being of the "Service" or "ex-Service" class. There are 8 out-county patients, 5 men and 3 women, chargeable to 7 various authorities.

The average number of patients resident during the year just ended was 311 on the male side and 415 on the female side, to-day there are 309, and 398 respectively.

The weekly maintenance charge has been reduced from 19s. 10d. to 19s. 3d. for the home patients; that for the private patients is from 21s. to 49s. The average weekly cost as last ascertained was 19s. 5d.

There has been no employment of mechanical restraint or seclusion.

Of the 43 males and 62 females who were confined to bed during the course of my tour of the wards a very large number were there on account of debility or old age, or for mental reasons. The general health of the patients has been good; the only case of an infective kind being one of erysipelas. A female member of the staff contracted scarlet fever last month.

At the present time two of each sex of the patients are suffering from tuberculosis.

The sick appeared to be in receipt of proper medical nursing care and attention. I also think there might be more bed tables. On the male side the only ward that has any is the infirmary.

With one exception all the 37 deaths were from natural causes verified in the creditable number of 28 cases. The excepted case was one of suicide, the act having been committed before admission. The principal causes of death were heart disease (15), organic brain disease (6), and senile decay (3).

There has only been one serious casualty, a male patient having dislocated his shoulder through being knocked down by another patient.

I found the patients of both sexes extremely free from complaints, or even from appeals for discharge. General contentment and good behaviour prevailed in the wards, and the patients appeared to be on very good terms with the staff. Their dress and personal appearance were satisfactory. There was a good variety of styles and colour in the women's dresses.

One ward on each side is administered on the open-door principle, opening out on to the grounds. Forty-two men and 10 women have their parole beyond the estate, and 25 men and 20 women have that privilege within the grounds.

The dayrooms and galleries were well kept, and presented a comfortable and homely appearance. The dormitories and single rooms with their beds and bedding were clean and in proper order, although the former were obviously overcrowded.

There are some dormitories that are isolated and not adjacent to rooms of the nursing staff. In these cases I think communication should be established by means of electric bells.

There were in some day rooms radiators which were not protected, and were likely to be a danger to demented patients.

I saw a good dinner consisting of corned beef or cold pork with potatoes, followed by stewed prunes and custard, partaken of in some of the male wards. I am glad to hear that milk is given with the porridge at breakfast, and also that no margarine but only butter is served to the patients.

Works completed since last visit is the improvement of the drive and front entrance and the redecoration of some wards on the female side. Ward male 5 is now being repainted. Works in contemplation are the lighting of the outside staircases, the improvement of the garden of female ward 6, and the provision of plate warmers.

The present nursing staff is as follows:—

	Males.	Females.	Total.
Charge - - - - -	7	8	15
Ordinary - - - - -	27	30	57
Night - - - - -	6	6	12
Certificated or registered - -	32	15	47
Passed preliminary examination only - - - - -	7	6	13

During my visit of the wards I found on duty 25 male and 36 women nurses. No women nurses are employed with the male patients.

Dr. Kerr still has the assistance of Dr. Mark Anthony.

Cambridgeshire, Isle of Ely, and Borough of Cambridge Mental Hospital.

June 26th, 1930.

I have to-day paid the annual visit on behalf of my Board to this institution, and can report that it continues to be administered on progressive lines, and that the older part of the buildings are gradually being improved in accordance with modern ideas and requirements. Since my colleagues' visit rather over ten months ago the medical superintendent's new house has been completed, and Dr. Travers Jones has entered into possession. His old house has been converted into flats for the assistant medical officers. The works in connection with the central heating and electric lighting have been completed. Some new machinery has been installed in the laundry. The female wing of the admission hospital is being furnished, and it is hoped to bring it into use before long. Other works, completed since the last visit include the six staff cottages, which are now in occupation, additions to the nurses' home, improved accommo-

dation for the matron, and the installation of internal automatic telephone system. Works now in progress are the provision of a water softening plant, and refrigerator. It is contemplated to convert and redecorate the old kitchen for a female staff mess room, and when this is done the present room used by them will be converted for the accommodation of patients in female ward 2. It is also proposed to build a house for the resident engineer.

Since August 2nd last the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	42	84	126
Transferred to other care - -	—	10	10
Discharged from Order - - -	21	23	44
of whom had recovered - -	14	12	26
of whom dealt with under s. 25 -	1	1	2
of whom dealt with under s. 79 -	—	5	5
Allowed out on trial - - -	26	23	49
of whom granted allowances -	2	4	6
Died - - - - -	19	25	44

There are now on the books the names of 709 patients in the proportion of 237 males to 472 females. To the best of my belief I have seen all these patients except 3 men and 6 women now out on trial, and 5 men who were haymaking at a distant farm.

Private patients number 21 men and 6 women, 19 of the former being of the "Service" class.

The weekly maintenance charge is for the home patients 26s. 3d., and for those of the private class 32s. 1d. The average maintenance cost as last ascertained was 25s. 10 $\frac{1}{4}$ d.

The total accommodation as returned to me, which includes both wings of the admission hospital, is for 243 patients by day, and 315 by night on the male side, and for 369 by day, and 494 by night on the female side. It is to be hoped that the discrepancy between the day and night accommodation will be adjusted before long.

Parole beyond the estate is granted to 7 males, and within the grounds to 15 men and 2 women. No wards are administered on the open-door principle.

I found the patients generally very contented, and free from complaints. The appeals for discharge were singularly few. Their behaviour was quiet and orderly, and their personal appearance and state of their dress were satisfactory. The day rooms and galleries were well kept and tidy, and though some additional pictures have been provided in the better wards, there are still some wards, notably male 5, and female 5a, which are very bare, and devoid of plants, flowers, and objects of interest. The supply of books too in these wards is very low. Lockers, as suggested by my colleagues, have been provided in some wards where the better patients are accommodated. In male ward 1 I suggest that the w.c. seats should be partitioned off with dwarf doors.

The beds and bedding were well arranged, tidy and clean.

Nothing further has been done towards providing further occupation for the patients, but the matter is receiving the consideration of the Committee and the medical superintendent. From the miscellaneous returns for last year the percentages of the weekly average number of patients employed was 18·6 for the men and 42·5 for the women, whereas the mean rates for all mental hospitals were 58 and 54 respectively.

I saw the dinner meal being partaken of in wards on both sides. It consisted of meat pie, potatoes, and cabbage followed by stewed prunes. It appeared to be of good quality and appreciated by the patients.

The mortality rate for the year ended December 31st, 1929, calculated on the daily average number of patients resident during the year, namely,

231 males and 442 females, was 9.95 for the males and 6.33 for the females, or 7.57 for both sexes. The mean rate for all mental hospitals was 8.4 per cent. for males, 7.7 for females, or 8 per cent. for the combined sexes.

All the 44 deaths since the last visit were from natural causes verified in 36 instances by post-mortem examination. The principal causes were heart disease in 12 cases, pneumonia in 11, organic brain disease in 5, senile decay in 3, and general paralysis, bronchitis and kidney disease in two each. No inquest was held.

The hospital has been quite free from infective disorders, and of the 25 men and 48 women whom I found in bed during the course of my tour of the wards the majority were there for their mental state. Three men and 7 women are now returned as suffering from tuberculosis.

There has been only one serious casualty involving fracture of bones in the case of a female patient who accidentally fell when getting out of bed.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	6	9	15
Ordinary - - - - -	29	51	80
Night - - - - -	7	10	17
Certificated or registered - -	30	22	52
Passed preliminary examination only - - - - -	8	10	18

I found to-day on duty 22 men and 39 women nurses.

Dr. Travers Jones has the assistance of Dr. J. G. T. Thomas and Dr. F. M. Deighton as medical officers. Dr. Thomas is at present away on leave, and his place is temporarily taken by Dr. O'Gorman.

Carmarthen, Cardigan and Pembroke (Joint Counties) Mental Hospital.

November 13th, 1930.

During our tour of this hospital yesterday we found 346 men, and 305 women patients, actually in residence, that number corresponding with the names now on the statutory books. We notice that, although 60 patients have been discharged, only 6 have been allowed out on trial and that, in no case, has a money allowance been granted. We earnestly hope that the system of allowing patients out on trial to test their fitness for discharge, assisted in suitable cases by pecuniary help under s. 55 of the Lunacy Act of 1890, may be borne in mind, and that this most useful and beneficial section of the Act may not be allowed to become a dead letter.

There are now 40 private patients in the hospital, 26 being men, including 16 "Service" and 2 "ex-Service" patients, and 14 being women. Out-county patients number 5 only.

The figures given to us to-day show that the hospital is overcrowded to the extent of 40 men by day and 59 men and 8 women by night.

We were somewhat disturbed at the conditions obtaining in male ward 2, where there were 96 patients, including 17 epileptics and 14 patients on special suicidal cards, in charge of 6 attendants. The ward consists of a series of rooms scattered over a large area, and it was manifest to us that effective supervision by the staff on duty was most difficult. We think that this ward might with advantage be divided, if it is possible, to make suitable washing and lavatory arrangements, although this would probably involve a further increase of the staff.

We found the patients very comfortable and contented and, with the exception of one or two individuals, there was no noise or disorder.

The wards were comfortable, well-ventilated, nicely decorated with plants, and very well supplied with books and magazines. Another feature, which added very much to the appearance and comfort of the wards, were

a number of extremely pretty wool rugs made by the patients under the guidance of one of the female staff, and it is interesting and encouraging to note that these rugs were not only the result of the teaching of the nurse mentioned, but the patterns were designed in free hand and drawn on the hessian by her. We very much hope that this excellent work will be continued and, if possible, extended to other wards.

We were very glad to see that all the poison cupboards have now been fitted with inside locked partitions for poisons, and to hear that no undiluted lysol is now issued to the wards.

The dietary has been added to, we were glad to find, but there is, we think, still some monotony and we believe that it would be advantageous were the dietary sheet made out for, say 3 weeks. At present, it is only made out for one week, so that patients know almost exactly what they will be having for dinner each day. If and when it is found possible to introduce electricity into the hospital, a course which is obviously most desirable, the addition of an automatic mincing or mixing machine would go a long way to lessen the monotony of the meals.

We understand that the drains of the hospital, and those of the college on the adjoining estate are now linked up with the town system. A new reservoir, to hold 300,000 gallons, has now been completed, and is in course of being tested. A new hot water installation is now in use and seems to be effective. Plans have now been drawn, and will shortly be sent to the Board, for the erection of a new sanitary block, increasing the number of w.cs. We were glad to hear that the erection of further w.cs are contemplated, and also verandah accommodation to the female hospital.

In the kitchen w.c. there is a hand basin but, at the time of our visit, there was no soap, towel or nailbrush there and, in view of the dysentery in the hospital and for reasons of ordinary cleanliness, we think it is very important that patients working in the kitchen should be made to cleanse their hands on leaving the lavatory, and, unless the lavatory basin is properly supplied with soap, towels, &c., this is impossible. We also think that a small steam jet in the laundry, over which the tins, in which foul and infected clothing is carried, can be inverted and treated with live steam, would be a useful and quite inexpensive addition.

We hope that all windows leading to the outside fire staircases will be unlocked and opened at least once a week, to ensure that they can be easily opened. Not all were opened easily at our inspection yesterday, and we think that a short flight of steps is required outside the fire-escape window in No. 5 female dormitory, where there is a drop of about 10 feet, which would make the safety of elderly patients difficult in the event of fire.

We should like to see the grass of some of the ward gardens kept mown, as at present the rough turf gives them a somewhat untidy appearance.

Since the last visit 69 patients have died, and the causes of death require little comment. Heart disease was the most frequent, occurring in 16 cases. In 3 cases the cause of death was investigated by the coroner, and the facts reported to our Board at the time. No reflection was cast upon the hospital.

With regard to epidemic diseases, 49 cases of influenza are reported with 5 deaths, and 22 cases of dysentery and enteritis with 3 deaths. There has been no enteric fever. Four patients have died of tuberculosis and, at the present time, 7 cases are under treatment.

Two serious casualties involving fractures of bones are reported, both of which were due to accidental falls.

During our visit we paid special attention to those in bed, and were satisfied that they are carefully nursed. The fact that no bed sores are reported amongst the deaths confirms this opinion.

With regard to the medical resources of the hospital, we are glad to hear that the laboratory is about to be fitted up, as this is essential if dysentery is to be stamped out, and if patients are to receive benefit from modern developments of medical science. It will, however, be very

desirable to appoint a laboratory assistant as the assistant medical officers cannot possibly themselves undertake all the routine examinations. We think a dispenser is desirable.

We notice that the case records have, in the past, been kept irregularly and imperfectly. This is a matter to which attention has been called before, and we earnestly hope that the matter will be very carefully considered. We have discussed the matter with Dr. Richards, and have suggested that in some way the whole clinical record of each patient should be more accessible.

We hope the Committee will at an early date consider the provision of a small admission hospital for male and female patients. The new Mental Treatment Act makes this the more urgent, and, as we have already mentioned, the hospital is considerably overcrowded. We feel sure that greater facilities for treating recent cases, either as voluntary or as temporary patients, will prove a true economy, and enhance the usefulness of this hospital.

Dr. Richards has to assist him Dr. Rufus P. Rees and Dr. Beryl Senneck.

Cheshire Mental Hospitals.—1. Upton, Chester.

May 14th, 1930.

In an institution such as this, when a considerable part of it has a long history, there cannot but be a noticeable contrast between the amenities of the older portions and those of recent date. Much has been done to improve the main building, where patients of the chronic type reside, and more is in contemplation. Work having this object in view is in fact now in hand at male ward 6, where a new sanitary block is being built and a general reconstruction of the ward is being effected, so as to give further accommodation. It will doubtless prove advantageous, and could work of a similar character be carried out in F. 3, 9 and 6 wards, it would tend to brighten the wards, give a more favourable outlook, and increase the much-needed space for the patients' accommodation. It must be noted in this connection that there is considerable overcrowding on the female side. Male ward 1 is, we understand, to be divided so as to afford means for better classification.

The conditions in the workroom at F. 6 have been greatly improved, and new bath and lavatory accommodation have been provided at F. 5.

At some time something must be done to increase the sanitary conveniences of several wards in the main building, e.g., in F. 9 ward, there are but 3 w.c.s for 73 patients, and those evidently date from a time when matters of this kind were not given so much consideration as is now thought necessary.

New admission and treatment rooms have been added to the resources of the annexe, an X-ray apparatus has been installed, and 7 new verandahs will, we hope, shortly be taken in hand, 6 at the annexe and one at the main building.

Without going into further details the foregoing will show that Dr. Grills, with the active assistance of his Committee, has the welfare of the patients and the improvement of the hospital always in mind. Their endeavours in this regard have borne good fruit, as we found the inmates content with their surroundings, and so far as we could judge, they are treated with tact and consideration.

Two things we think tend to the general air of contentment which we observed, one the large measure of freedom which is granted in suitable cases, and the earnest endeavours which are made to induce patients of all types to engage in useful occupations. This was noticeable not only in the workrooms and centres where handicrafts are much in evidence, but in almost every ward where we observed with satisfaction, that patients

instead of sitting about in idleness were encouraged and, in many instances, engaged in amusing and occupying themselves in work coming under the category of arts and crafts, the nurses, many of whom have received practical instruction, aiding and assisting them in their work.

We observed that the large female airing court has been remodelled and re-drained, and were pleased to see the attention given to the flower-beds, even in those gardens where patients of a turbulent and destructive character were.

We suggested to Dr. Grills that the supply of hand-towels in the washing departments, now so much in use in other hospitals, would be a further improvement which he should consider.

Since April 23rd, 1929, the changes amongst the patients, including 134 discharges (89 on recovery) leave 1,627 on the books—males 684, females 943—of whom 137 are classed as private, including 63 "Service" and 10 "ex-Service" patients.

The out-county patients number 76. One patient is on trial, leaving in residence 1,626. The maintenance rate for home patients is 16s. 4d., and for private patients 28s.

The nursing staff consists of charge male nurses 11, charge female nurses 21, ordinary male nurses 50, ordinary female nurses 98 for day, and 8 and 19 respectively for night duty.

Those certificated or registered as mental nurses number 58 males and 67 females.

The training of the nurses is thorough, and the class-room is extremely well-equipped. All probationer nurses are engaged on a three years' course of training, and we feel satisfied that the hospital is an efficient training centre.

The mortality rate per cent. during 1929 was 7.24 per cent.

Since the last visit 112 patients died, and as is usual the most frequent cause of death was heart disease, which occurred in 31 cases. An inquest was held in the case of one male patient, who died as the result of cutting his throat the day prior to his admission.

With respect to epidemic diseases, the hospital has been remarkably free. Five cases of dysentery, 2 only of influenza, 6 of erysipelas, and one each of scarlet and enteric fever are reported. There is, however, a considerable amount of tuberculosis. At present there are under treatment 37 cases, and 7 cases died during the past year.

Since the last visit 16 cases of serious non-fatal casualties were reported to us. Of these 14 were due to accidental falls, 3 occurred during fits, 7 by slipping on the floor, and 4 accidentally in other ways. One injury arose from a patient breaking a window and cutting his arm severely, and in another case obstruction to the pharynx by a piece of meat required tracheotomy.

We were impressed with the active measures adopted in the treatment of patients, and the extent to which modern methods are used. Novel modes of medical treatment have been tried in two classes of patients suffering from unfavourable forms of disease, and though it is premature to draw conclusions, the result in several cases has been encouraging. It is evident that the patients have the advantage of up-to-date treatment, and that the medical staff are keenly interested in their work and well-acquainted with modern developments of medicine.

From the above report, it may be gathered that we were greatly pleased with our visit.

Cheshire Mental Hospitals.—2. Parkside.

May 12th, 1930.

We note with satisfaction that the suggestions made in the last report, including the enlargement of the garden of female ward 5, have all received prompt consideration and attention.

During the interval which has elapsed since the visit in April of last year from members of our Board, the annexe recreation hall has been most tastefully redecorated and a considerable amount of renovation has been carried out in various parts of the institution. A swimming bath for the use of the staff has been constructed which is much appreciated, a new shoemakers' shop has been built, three new washing machines have been added to the laundry equipment and new lavatory basins have been fixed in the male and female sanitary blocks at the annexe, in addition to other minor details.

It is in contemplation to carry out various and useful improvements in connection with the entrance to the main recreation hall, the kitchen and the nurses' dining quarters. Occupation therapy forms a prominent item in the treatment of the patients at this hospital. We saw a number under the instructions of trained officers engaged in various industries, but the quarters are cramped, so that we are glad to know that plans have been approved for the erection of a separate unit where handicraft work can be carried on under more favourable conditions. It may be mentioned here that the number of patients usefully employed is beyond the average, and that full parole is allowed to 39 men and 44 women, whilst 57 men and 26 women have a more limited freedom within the estate.

Trial too is, we are pleased to see, in favour at this hospital, as many as 81 patients having had the benefit of such a means of testing their capacity for living apart from institutional care.

This hospital continues to be administered in the best interests of the patients and upon those lines which tend to their well-being and comfort. The whole institution was in excellent order, the patients and staff appeared to be on the best of terms, there were but few appeals for discharge—none of which call for attention—and the general air, especially in those wards where the patients were in a condition to appreciate their surroundings and what was being done for them, was one of contentment.

It will be gathered from the above that we were much pleased with what we saw and heard during our visit, in regard to the conditions which prevail at the hospital in so far as its administration is concerned. It is somewhat disappointing to us therefore to learn when going through the wards in the main building, that members of the Committee do not visit as often as they should. This matter was commented upon in the previous report. Apart from the fact that there are statutory requirements as to visitation, we know from long experience how helpful it is to patients in mental hospitals to get into touch with the outside world even in a minor degree and to give vent to any real or supposed grievances, and we hope that the Committee will so arrange that regular visitation is carried out in the future.

Since April 25th, 1929, as a result of the changes amongst the patients, including 131 discharges—73 on recovery—there are on the books 577 males and 726 females—in all 1,303, of whom 179 are private, including 55 "Service" and 3 "ex-Service," patients. The accommodation for patients of the private class is quite attractive. There are 28 out-county patients.

Those on trial number 7 so that there are in residence 573 males and 723 females, a total of 1,296.

According to the returns there is spare male accommodation by day for 15 patients, but overcrowding at night of 23, whilst for women there is overcrowding by day to the extent of 16, but vacant night space for 17.

The maintenance rate for home patients is 16s. 11d. and for private patients from 21s. to 56s.

The nursing staff consists of:—

Charge male nurses	-	-	6	Charge female nurses	-	18
Ordinary	-	-	40	Ordinary	-	65

for day and 9 and 16 for night duty. Female nurses are employed on the male side to the number of 17.

There are 26 male and 47 female nurses who are certificated or registered as mental nurses.

The general health of the patients has been good, the mortality being only 7.47 per cent.

With respect to epidemic diseases 54 cases of influenza were reported this year and 27 cases of pneumonia of various kinds, 5 of enteric fever, 6 of dysentery and one each of scarlet fever and erysipelas. There is extremely little tuberculosis, 5 cases only are reported as existing at the present time. It seems safe to conclude that this absence of tubercular disease is connected with the large number of verandahs and the extent to which open-air treatment is adopted. The patients in one of the male wards at the time of our visit were having dinner in the open air.

There have been 76 deaths since the last visit, and with the exception of 4 cases in which inquests were held they call for no comment.

The circumstances of these 4 cases were fully reported to our Board at the time, and except in one case it appeared that no blame could be attached to the nursing staff. In this, a case of suicide by means of a safety razor blade, it is clear a nurse had not carried out the rules in regard to shaving. She was reprimanded, and refusing to return to duty, left the service.

Ten cases of serious but non-fatal casualties involving fractures of bones occurred, but call for no special mention.

The medical attention given to the patients continues to be extremely good, and they have the advantage of having at hand a wide range of modern methods of treatment. In the pathological laboratory, in addition to routine examinations for purposes of diagnosis of the patients under care, the local Health Committee of the Borough of Macclesfield send specimens for examination and report.

The training of the nursing staff generally is remarkably thorough, and it is clear a high standard of efficiency is reached, whilst certain of the sisters are specially trained to undertake the treatment of patients in those rooms which are set apart and extremely well equipped for special therapeutic methods—radiant heat, light and baths of various kinds.

Dr. Cormac has the assistance of Dr. Parkin as deputy superintendent and three other medical officers.

Cornwall Mental Hospital.

August 1st, 1930.

Throughout my inspection of this hospital I was accompanied by Dr. Dudley, and believe I saw all the 1,112 patients now in residence, and later to-day I expect to see the 39 patients residing at Bella Vista at Liskeard.

The hospital was in good order, the wards and dormitories were comfortable, and there was exceedingly little noise or turbulence, and complaints were extremely few. It was pleasant to note the cordial relations that exist between Dr. Dudley and the patients, and to hear many remarks which showed how greatly they were attached to him. The wards were well supplied with flowers, books, games, and though some of them need re-decoration it was evident great care is taken to make them bright and comfortable. The ward D.R. in particular needs doing up, and I understand it will shortly be put in hand. There was no over-crowding in the dormitories and the bedding was adequate, but the supply of hand towels for washing appeared to be insufficient in some wards. The gardens are spacious, and those used by patients were attractive with wide lawns and fine trees. Most of them would be greatly improved if perennial flower borders were planted in selected positions. I would suggest that a further trial be made of setting apart a piece of garden as an allotment for patients on parole. The patients in this hospital have an unusual amount of freedom within the grounds, and many of the wards are practically open ones, the patients going in and out as they like.

This no doubt contributes to the contentment of the patients generally. There were several complaints of improper detention, and I had long interviews with two disaffected patients, who asserted they were illegally detained. I examined the papers in these cases and found them quite in order. None of the patients who complained of their detention appeared to me fit for discharge or leave of absence on trial.

I saw a bright looking boy of $7\frac{1}{2}$ who had been sent to this hospital under an Order as a lunatic wandering at large. This boy is difficult to manage, but he ought not to be in a mental hospital but should be placed in some institution where he can be trained and educated. It is pleasant to record that the occupation and the amusements of patients receive much attention. An occupation therapy room has recently been completed on the male side, and one is under construction on the women's side. A nurse has been sent for training in handicrafts and is in charge of the room temporarily used. It is to be hoped that with these facilities much more will be done to encourage the idle patients to occupy themselves, and that a greater variety of occupation will be cultivated.

The practice of sending parties of patients to the seaside continues, and already this year about 30 picnics have been arranged at Daymir Bay on the North Coast. These picnics are necessarily discontinued during the busy holiday season in August and September. A very pleasantly situated house, Laninval, has been opened for convalescent and selected quiet patients. The house is comfortable and well appointed with a beautiful garden, and the patients in residence spoke to me appreciatively of the conditions there. Laninval is about one mile from the main buildings, and provides accommodation for 35 patients, and at present 26 are in residence with three nurses in charge. As the adequacy of the water supply in case of fire has been questioned, the pressure was tested and the fire hydrants turned on. The jet of water easily reached to the roof of the highest building. A private reservoir of 250,000 gallons is always kept full, and if this can be guaranteed there seems to me little ground for anxiety.

Since the last visit of one of my colleagues (May 8th, 1929) 278 patients have been admitted and 102 have been discharged, of whom 68 had recovered. During the same time 105 patients died. There are now on the books 1,185 patients of whom 34 are absent on trial, making 1,151 in residence, 536 males and 615 females. It is satisfactory to note that 130 patients during the 14 months have been granted absence on trial, and that 24 of these were given money allowances. Sixty-six patients are allowed parole beyond the estate, and 59 more within and not beyond it. Thirteen wards are conducted on the open-door principle with access to the grounds, and three with limited access to the ward gardens.

The returns for mechanical restraint show that it has been employed in controlling for surgical reasons 7 patients on 14 occasions for a total of 990 hours. It appears that this record is not regularly made in accordance with the regulations, and Dr. Dudley's attention was drawn to this. Six patients were secluded for a total of 293 hours.

The deaths call for no comment except in the 12 cases in which inquests were held. All these were reported fully to the Board at the time. In eight of these cases the death was due to natural causes, two patients died suffocated during epileptic fits, and two of the deaths were due to complications following fractures of bones accidentally caused. In no case was there reason to blame any of the staff.

The health of the patients generally has been good, only 5 cases of influenza are reported, and no new cases of either enteric fever and dysentery. There are in the wards some 70 patients, who in the past have had dysentery and who have been treated as possible "carriers." These patients are under close observation and bacteriological examinations are made periodically. None of these patients have exhibited any signs of dysentery for over a year, and it seems as safe to conclude that the danger of further epidemic is now slight.

Thirteen serious but not fatal accidents are reported since the last visit, involving injuries to bones. In seven of them bones were broken by accidental falls, in 3 cases falls during epileptic fits, in 2 cases the injury was caused by another patient, and in one the cause of a fractured finger could not be ascertained. As many as one half of the nursing staff are either certificated or registered, and in addition 26 nurses have passed the preliminary examination.

Besides the alterations already mentioned, a considerable amount of redecoration is now in progress and the wiring for electric lighting is almost completed in the old building.

The medical and surgical needs of the patients are well provided for. There is a good operating theatre and a dental room, and a dentist comes regularly once a week. The pathological laboratory under the direction of Dr. O'Keefe is well equipped, and a trained assistant constantly undertakes the routine examination of specimens. All newly-admitted patients are tested with the Wassermann reaction, and it is noteworthy that evidence of syphilis in these patients is infrequently found and that in Cornwall patients general paralysis is very rare.

I must conclude this report by saying that I have formed a highly favourable impression on this my first visit to this hospital, and am satisfied that the patients are well and kindly treated, and that the institution is wisely administered.

P.S.—This afternoon I visited Bella Vista at Liskeard, where 39 women and 8 men reside. They are all selected cases, and have full parole—the men work in the garden and on the land. The conditions are very pleasant and the house and garden well appointed. The patients evidently appreciate the liberty and the home like surroundings. The nurse in charge did not understand the purpose of the smoke doors, and one of the alternative exits was locked. It is desirable that the smoke doors should have notices painted on them that they are to be kept closed at night. The adjacent cottage and house for the eight male patients and the bailiff and his wife have only recently been completed. The patients' quarters are on the ground floor and are very comfortable. Their living room opens into the main kitchen and the bailiff's cottage. His wife was formerly a nurse, and she undertakes the cooking and attends to the needs of the eight men living there.

The arrangements were very satisfactory. A new piggery and cow sheds have been erected, and also a large employment shed for the use of patients in bad weather. I was interested in hearing that the cost of maintenance of the patients at Bella Vista is little if any larger than at the main building.

Cumberland and Westmorland Mental Hospital.

February 6th, 1930.

The reconstruction of the laundry with the addition of new plant has almost been completed, the isolation hospital has been converted into accommodation for the temporary housing of some seven nurses, and two male wards, which are for the moment closed, have been refloored consequent upon the appearance of dry rot, and are in process of being re-decorated.

When here on a former visit we noted with satisfaction that the question of remodelling the administrative block, including enlarged store accommodation and the improvement of the kitchen, were under consideration. We are glad to record that plans for this work are about to be forwarded for approval, so that it is hoped it will soon be taken in hand. When these considerable improvements have been effected the Committee will, we feel sure, not lose sight of that important addition to the resources of this hospital, which may be described as really necessary, to bring it into line with up-to-date institutions for the care and treat-

ment of those suffering from mental illness. We refer of course to the erection of an admission hospital with convalescent villas, whilst not omitting to keep in mind the provision of a suitable nurses' home.

The patients appeared to us to be very well and tactfully treated, they were entirely free from any complaint, except in a few instances on the question of their discharge, and from several of the more intelligent we had expressions of gratitude for what has been done for them during their enforced residence in the hospital.

One ward on the male side is open to the grounds, 3 men are allowed full parole, and 46 men and 13 women have a more limited freedom within the estate. We feel satisfied that the happiness and material welfare of the patients receives every consideration from Dr. Madill.

A canteen has lately been started and is, we understand, much appreciated.

Whilst the wards generally speaking are very well supplied with books we think that in the day rooms of the wards where the more disturbed and unsettled patients are, there should be a more liberal distribution, not of literature in the ordinary sense, but of cheaply bound picture papers. At first there would probably be considerable destruction and waste, but in course of time this would practically cease and the patients would become occupied and interested.

Here and there some redecoration might be carried out, but the wards, beds and dormitories are well kept throughout.

The employment of the patients is not lost sight of and we hope, as we know he desires, that Dr. Madill, with the assistance of the Committee, will be able to introduce an occupation centre where handicrafts can be systematically taught and brought into general use.

As a result of the changes which have occurred since the last visit, including 26 discharges on recovery, there are on the books 448 males and 422 women—in all 870. Four patients are on trial, and one has escaped, leaving in residence 865: males 444—females 421.

Whilst we observe that the practice of granting trial to patients is fully appreciated, we at the same time note no money allowances have been granted, and hope that this most useful power is not lost sight of. Financial aid during such a period is one that in practice proves helpful and advantageous.

The hospital is in effect full, as there is no more accommodation for male patients by day, and for women there are only 13 vacancies.

The weekly maintenance rate for home patients is 17s. 6d., and for private patients 28s. to 42s.

We saw many patients at dinner, and although we received no complaints we cannot but recognise on going into the dietary scale that it is not up to the standard of many other mental hospitals.

The staff consists of:—

Male charge nurses	-	-	8	Female charge nurses	-	8
Ordinary	-	-	39	Ordinary	-	44

for day and 7 on each side for night duty. Two female nurses are employed on the male side.

We saw 54 men and 64 women in bed; that is 13 per cent. of the total in residence. Of these 118 cases as many as 58 were receiving open-air treatment on verandahs. Were it not for our hope that, in the not far distant future there will be provided an admission hospital, in which means for open-air treatment will form a feature, we should urge some addition to these verandahs, because the full use that is being made of them involves the beds being undesirably close together. We are well satisfied with the careful medical attention bestowed upon these cases under treatment in bed, with the care taken by charts and otherwise to keep notes of these cases and with their nursing. This last fact, however, does not lessen our wish that strenuous effort will be made to increase the proportion of nurses who are certificated; at present 22 per cent. of the men and 7 per cent. of the women nurses are certificated.

The high importance of laboratory information as a now-a-days indispensable aid to diagnosis and treatment is recognised, and we have been especially glad to find a room in process of adaptation as a laboratory. We hope it will be speedily equipped and that the appointment of a properly trained laboratory assistant will be made. We made some suggestions to Dr. Madill as to the possibility of the part-time services of a pathologist being available; of their great value, could such be arranged, we have no doubt.

The death rate during 1929 was 8·4 per cent. of the average number of patients resident, the percentages for the two sexes being about equal. The deaths during the eight and a quarter months under review have been 14 on the male and 22 on the female side. They were all from natural causes and, with only one exception, have been followed in each case by post-mortem examinations. None of the causes of death call for comment, except to note the continued scarcity of general paralysis and the fact that 6 of the male and 2 of the female deaths were due to tuberculosis, of which disease the numbers at present in the hospital are believed to be 5 men and 13 women. These figures in relation to tuberculosis—the only instance of infective disorder—are too small to warrant deductions, but, from other returns to our Office, it seems that its mortality here is twice the average in other mental hospitals—a fact which invites close attention to its incidence and consideration as to avoiding over-crowding, and possibly the introduction of more fat in the dietary.

The only at all serious casualties have been two instances of dislocation and one of fracture, all accidentally sustained, and one case of self-inflicted injury to the wrist. This absence of any injuries due to struggles or altercations is further testimony to the tact of the staff.

Mindful of the quite evident desire here to keep abreast with modern needs, we have taken the opportunity of having some conversation with Dr. Madill as to the many advantages which would accrue from the establishment, could it be arranged, of a section for the treatment of mental illness in the out-patients departments of the general hospitals within the area which this hospital serves, and secondly, of some arrangement under which some of the honorary staff of the former would give assistance here in special branches of medical work. Such a link would be of material service, and, in due course could be turned to advantage in relation to the nursing staff.

The North Wales Counties Mental Hospital, Denbigh.

September 4th, 1930.

The plans for the new admission hospital and for new blocks and for the nurses' home are practically complete, and it is hoped very soon that work can be commenced.

A considerable alteration of the hospital and of the gardens and courts is contemplated, so that several of the suggestions in this report have been anticipated. I believe I saw during my visit to-day all the 1,182 patients now in residence—and I gave them an opportunity of conversing with me. Except on the score of detention there were no complaints of any consequence. I had several interviews with patients, who considered they were fit to leave, and I satisfied myself that none of them were yet well enough to go away. One woman patient might be allowed out on trial, if there was anyone to look after her, but she is not fit to look after herself. One woman patient begged to be transferred nearer her relatives, and declared that her home was not in Wrexham. However this may be, I hope the local authority will be able to arrange for her transfer. The names of these two patients and of two others who had private interviews with me I have written in another visitors' book.

I found the wards in excellent order, and well supplied with books and papers. The patients generally were in good health and well-clothed and tidy in appearance. I was struck with the good order and the absence of turbulence or excitement, and have no doubt this arises from the way in which they are treated. The nursing staff is evidently considerate and on good terms with the patients. The wards were several of them overcrowded, but the new building scheme will relieve this. The airing courts were in many cases unsatisfactory. In one, some 250 patients were walking backwards and forwards in a very limited space. The planning appeared to me to be unfortunate, for the ward in which the private and most intelligent patients live overlooks a crowded airing court filled with degraded chronic patients. It is pleasant to hear that the new plans will make it possible to re-arrange the exercise grounds. On the women's side there were few flowers in the courts, but on the men's I was glad to see beds gay with flowers. One walled-in court was very pleasant except that there was no outlook, and I suggest that a part of the wall on the N.E. side be lowered 3 or 4 feet, so that a view can be obtained of the bowling green.

The No. 4 gallery on the men's side is to be re-constructed, and it is evidently difficult to make it really satisfactory. It is clear that the washing arrangements at present are inadequate and cramped.

Since the last visit of one of my colleagues on April 16, 1929, 294 patients have been admitted, 7 only were transferred to other institutions, 123 were discharged, and 111 died, so that there are now on the books 1,191 patients, and 9 away on trial. It is pleasant to record that of the patients discharged 97 had recovered. The practice of allowing patients to go away on trial is adopted, and during the same time 106 left in this way.

In going round the hospital, it is evident that a number of patients in residence would be likely to receive benefit from transfer to some other mental hospital, and I hope the local authority will be able to arrange transfers more frequently than in the past.

The hospital generally is unfortunately more overcrowded than ever, there being no less than 157 patients in excess of the proper number. Whilst it is fortunately true that at the moment there is very little active tuberculosis or dysentery, there is no doubt that the overcrowding involves great risks in relation to these diseases.

The mortality rate for last year was 8.1 per cent. I gladly record the freedom from bedsores in all the 111 deaths. This speaks well for the care given by the nursing staff. The deaths call for no special notice, except in three cases in which inquests were held. One woman died when out on trial as a result of a motor accident, another was suffocated during an epileptic fit, and a man died of tetanus after a slight injury to his hand. All these cases were fully reported to my Board at the time, and were all accidental, not involving any blame to the staff.

With respect to epidemic diseases, 24 cases of dysentery, 5 of diphtheria, and 2 of erysipelas were reported. It is satisfactory to note that there are at the present time no active cases of dysentery, and that the most careful routine examinations are made to exclude the possibility that any of the patients who have been attacked are "carriers." Four cases of accidents involving bone injury are reported, all of which were due to accidents.

The strength of the nursing staff is shown in the following table:—

	Males.	Females.	Total.
Charge - - - - -	9	9	18
Ordinary - - - - -	52	51	103
Night - - - - -	8	8	16
Certificated or registered - -	7	9	16
Passed preliminary examination			
only - - - - -	24	11	35

I visited Gwynfryn, which is shortly to become the central administrative block of the new extension, and saw the 25 patients living there. These are orderly, well-behaved patients with parole and able to look after themselves to a large extent. Were it not that this building is only to be used for patients temporarily, I would urge the importance of additional exits in case of fire. There is, however, little risk of accident owing to the class of patients in residence and to the fact that a night nurse is always on duty. The patients in this department were extremely comfortable.

The medical needs of the patients are well supplied, and I was glad to hear that sedatives are very sparingly used. The new pathological laboratory is very well equipped, and a great deal of excellent work is being done. Dr. Ann C. Evans is in charge. She has been specially trained at Cardiff Medical School and has the help of a trained assistant. Not only bacteriological examinations and routine Wassermanns are undertaken, but some biochemical investigations are made, and it is proposed soon to fit up a special room for histological work.

Dr. Frank G. Jones was away on holiday, but Drs. Hutton and Davies gave me every possible assistance during my visit. It will be seen from the above report that I was very favourably impressed at this my first visit to the Denbigh Mental Hospital.

Derby County Mental Hospital.

November 13th, 1930.

The chief event at this institution since my colleagues' visit thirteen months ago was the formal opening by the Chairman of my Board of the new admission hospital and the nurses' home, on the 22nd of last month. Although the first-mentioned is not yet in occupation, its furnishing and equipment are nearly completed, and it is hoped to admit patients to it before long. It contains very excellent accommodation for 50 of each sex, and provides all the modern and most up-to-date facilities for treatment of mental disease.

The numerical changes that have taken place during the past 13 months leave on the books the names of 924 patients in the proportion of 446 males to 478 females. Six of the former and 8 of the latter are now out on trial and there are to-day in residence 440 males and 470 female patients. The average number in residence during 1929 was 420 males and 444 females. The accommodation now returned to me, excluding that at the new admission hospital, is for 445 males and 415 females by day, and for 398 males and 409 females by night. There is, therefore, an excess of 42 males and 61 females in the night accommodation, and although some relief will be given by the opening up of the admission block, further accommodation must soon be provided, and it is to be hoped that the erection of the convalescent blocks will be proceeded with. I am aware that the Committee have on hand a large and drastic scheme of reorganisation and reconstruction of the older part of the hospital, but this will not provide much, if any, extra accommodation.

The only private patients are 39 men of the "Service" class. There are 4 out-county patients chargeable to as many other authorities.

The weekly maintenance charge for the county patients is 22s. 2d. per head, whilst the average weekly maintenance cost as last ascertained was 21s. 9½d.

I found the patients of both sexes generally very contented, well-behaved, and free from noisy excitement. I had no complaints of any substance, and the appeals for discharge were not numerous. Their clothing and personal appearance were satisfactory. Many of the

patients, especially on the female side, are allowed to wear their own clothing.

Parole beyond the estate is allowed to 40 men and 3 women, and within the grounds to 88 other men and 3 other women. Only one ward, male No. 8, is administered on the open-door principle.

The mortality rate for 1929 was 10·23 for men, 9·01 for women or 9·60 for the combined sexes, compared with the mean rates for all mental hospitals of 8·4 for men, 7·7 for women, or 8 per cent. for both. There have been 64 deaths—38 male and 26 female—since the last visit, all with one exception from natural causes, and verified in 49 instances by post-mortem examination. The excepted case was the only one where an inquest was held, and death was from asphyxia by suffocation during an epileptic fit. The principal causes of death were as follows: heart disease in 18 instances, tuberculosis in 9, pneumonia in 6, and general paralysis, organic brain disease, and oedema of lungs in 4 each.

Influenza attacked 6 male and 3 female patients in March and April this year, and dysentery 10 male patients in November last year, and July and August this year with fatal results in 3 instances. One young female patient and a female nurse had scarlet fever in March and April last.

The hospital is believed to be now free from any infective disorder, but 11 males and 12 females are returned as suffering from tuberculosis. The incidence of this disease is very high here. For the year 1929, 20·8 per 1,000 of the population of new cases were notified, and 13·9 of the deaths per 1,000 as compared with 8·5 and 6·9, the mean rates for all mental hospitals. It is therefore satisfactory to know that the Committee contemplate the erection of a sanatorium for the treatment of patients suffering from this complaint.

Serious but non-fatal casualties number 6 fractures of bones, and 2 dislocations of shoulders since the last visit, but none call for any comment.

I found the dayrooms and galleries well kept, clean, and tidy. There was a very good supply of plants and flowers in the wards, and I was glad to see that the stock of cage birds is being increased.

The dormitories and single rooms with their beds and bedding were in a satisfactory condition.

The new central heating system has been extended to male and female wards 9 and 10, but is held up further, pending the scheme for reconstruction of the old buildings being put in hand.

A new ward garden has been formed on the female side. The number of patients using the large female airing court has been reduced, as recommended by my colleagues on their last visit. Other suggestions of theirs as to longer night shirts for men, bed tables, and the keeping of clinical records in the wards have been adopted.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	11	12	23
Ordinary - - - - -	39	56	95
Night - - - - -	9	9	18
Registered or certificated - -	33	22	55
Passed preliminary examination only - - - - -	6	13	19

Six women are employed in male ward 1.

I found on duty during my tour of the wards 35 male and 49 female nurses.

Dr. Bartlett has the same two medical officers to assist him, Drs. McGlashan and Hosie.

Devon Mental Hospital.

March 15th, 1930.

We began the annual inspection of this hospital on behalf of our Board yesterday morning, and we are pleased to be able to say that we have been very satisfied with what we have seen.

Though there is still need for a considerable amount of redecoration we found the wards clean and comfortable, well-aired and warmed. On the male side some of the wards appeared rather sparsely supplied with easy chairs. We were pleased to see that there was a very good supply of daily and other papers, *Punch* and magazines which, the day being rather wet, were being extensively read, but we should like to see the book shelves better filled and kept unlocked.

We noticed that there are still some medicine cupboards which are not provided with separate inner locked doors for poisons, and hope that the necessary alterations will be made as soon as possible. We had some conversation with Dr. Eager on the subject of the clearing of the ward letter boxes on the male side, and have no doubt that he will give our suggestions careful consideration.

We were glad to find that the difficult question of how male ward 5 can be most satisfactorily dealt with in order to bring it more in conformity with modern requirements is now the subject matter of consideration between this hospital and our Board's architect.

A considerable amount of work has been done in making and planting rock work in some of the ward gardens, and when the plants have spread it will do much to brighten the view from the female receiving and other wards.

Since the last visit by two of our colleagues alterations have been made at the Farm House, a new verandah has been built on the female side, and some stables at Spurfield have been converted to cottages. At present a verandah is in process of construction at the sanatorium and at the female blocks infirmary. We understand that plans have been approved for an outside operating chamber for the cinema, and that a nurses' home is under consideration. There are in the sanitary spurs on the female side still some w.c.s without doors, and we hope these will be added in time.

We found the patients very free from complaints and for the most part very happy and contented, and the relations between the patients and the staff appeared to be very friendly. We had of course a number of applications for discharge from patients who, we satisfied ourselves, are not yet fit for it. We gave a number of private and semi-private interviews to patients and have recorded the former in the patients' book.

We saw a good dinner served consisting of boiled fish and two vegetables. We were glad to find that the plates for dinner were well warmed, but we saw a considerable amount of food being carried through the corridors without covers on it. We hope something will be done to improve matters in this respect.

We were particularly pleased to find that a card is kept for every patient on which is recorded the visits paid to him or her by friends and the address of the visitor. By this means the latest address of the visitor is in the hands of the hospital authorities, and it can always be seen at a glance if a patient has not been visited for some time, in which case the friends are communicated with and encouraged to call.

We were glad to see that the occupation of patients is extending beyond the shops and hope that every effort will be made to persuade more of the patients who are now unoccupied to take up some simple form of employment such as raffia work, barbola work, plasticine modelling, etc. We should also like to see physical drill and dancing classes introduced which, particularly if a simple uniform can be supplied, are very popular in similar institutions.

The amusements of the patients are carefully arranged and we regret that pressure of work prevents us staying to see the pantomime which is being performed by the staff this afternoon and evening.

The changes which have taken place since the last visit have left on the books the names of 1,329 patients. At the time of our visit 24 were out on trial, leaving in residence 535 males and 770 females, a total of 1,305. One hundred and ten patients have been allowed out on trial to test their fitness for discharge, money allowances being granted in 16 cases.

The private patients number 100, of whom 40 are females and 46 "Service." There are 151 out-county patients chargeable for the most part of Plymouth (54), Birmingham (35), Devonport (29), and Stafford (29).

The returns given us to-day show that there are now vacancies here on day accommodation for 90 males and 100 females, and on night accommodation for 43 of the former and 14 of the latter sex.

The weekly maintenance charge per head is 21s. 7d. for home and 42s. to 63s. for private patients. The average weekly maintenance cost as last ascertained was 21s. 8½d.

Six males and 7 female wards are open wards and 24 men and 27 women have full parole, limited parole being granted to 44 men and 30 women.

Since the last visit 77 patients have died, the most frequent cause of death being heart disease (in 17 cases), pneumonia (10), tuberculosis (7). Two patients committed suicide whilst on trial, and one died of congestion of the lungs following an accidental fall from her bed. Inquests were held in these 3 cases and the facts were fully reported to our Board at the time, and call for no further notice.

No cases of enteric fever has been reported, and only two cases of dysentery, there are however, 22 cases of tuberculosis in the hospital, which are properly segregated.

Thirteen cases of serious casualties are reported involving injuries to bones, all of which occurred accidentally.

We are glad to find that the patients have the advantage of obtaining modern and up-to-date methods of treatment. The malarial treatment of general paralysis has been in use since 1926, and out of 45 patients so treated, 17 have gone home and only two have been re-admitted, one of whom died. A number of those now at home have been able to resume their ordinary employment. It is satisfactory to note that these as well as other patients on trial are regularly seen by Dr. Eager in the out-patients' clinic at the Exeter dispensary.

Particulars were given us of several new methods of treatment which have been successfully tried here, e.g., subcutaneous injection of oxygen in pneumonia and quinine injections for varicose veins.

The hospital is well equipped with an operating theatre, X-rays, violet rays, continuous baths, and there is a good pathological laboratory.

The link between this hospital and the Devon and Exeter hospital continues with satisfactory results to all concerned, and the nurses from this hospital go to the general hospital for temporary training in surgical technique and some for 2 years' general training after certification in mental nursing. The present sister tutor here was doubly trained under this arrangement.

Before closing this report we should like to refer to the impending retirement of the matron, Miss E. G. Musgrove, O.B.E., after 42 years in this hospital. She was the first nurse engaged in mental work to receive recognition by the Crown, being awarded the Order of the British Empire in 1927, for her devoted service. Few persons unconnected with mental hospitals can realise the value to the community of a life such as hers, and while regretting her loss to the hospital, we take this opportunity of wishing her every happiness and many years of life to enjoy her well-earned rest.

Dr. Eager, who accompanied us in our inspection, has to assist him Drs. Bainbridge, Greenwood-Penny, Patterson, and Minshull.

Dorset Mental Hospital.

October 4th, 1930.

I have to-day completed the annual inspection of this hospital on behalf of my Board, having commenced yesterday, and am able to report that I have found it well administered for the benefit of the patients therein.

Since the hospital was visited by a member of my Board in May of last year the water supply has been greatly augmented by the enlargement of the reservoir from a capacity of 200,000 gallons to a total capacity of 600,000 gallons, and the installation of an additional deep well pump. The kitchen also has been greatly improved by the installation of a new oven and the separation of the steam boilers from the kitchen. The system of heating of the hospital, concerning which complaints were made to my colleague last year, has not been altered or improved, except that when and where required fires are lit.

For the future the Visiting Committee have under consideration plans for extensions of the hospital, including an admission hospital, additional villas for convalescent and working patients, and a nurses' home.

During the fifteen months which have elapsed since my colleague's visit the following numerical changes have occurred among the patients:—

		Males.	Females.	Total.
Admitted	- - - - -	128	124	252
Transferred	- - - - -	9	8	17
Discharged	- - - - -	48	69	117
of whom had recovered	- - - - -	39	54	93
Died	- - - - -	39	43	82

These changes leave on the statutory books the names of 385 male and 541 female patients, or 926 in all, of whom 77 of the male patients (including 14 "Service" and 3 "ex-Service" patients) and 97 of the female patients, are of the private class. Thirty-three of the male and 4 of the female patients are out-county patients. At my visit to-day, 4 male and 7 female patients were out on trial, and there were thus to-day resident in the hospital 381 males and 534 females. As the night accommodation at this hospital is for 470 male and 551 females there is very little margin on the female side.

During yesterday and to-day I have, to the best of my belief, seen every patient in residence and have given each an opportunity of speaking to me, of which many took advantage. I am glad to be able to say that apart from one matter to which I refer below I received no complaints from any except on the ground of their continued detention, which, I satisfied myself, was still necessary in each case. The matter, which I hope will be remedied, was the complaint that no regular religious services have been held for some time for the Roman Catholic patients, numbering 24 at present. On enquiry I found that individual ministration has been afforded immediately to the grievously ill, and that such few as might safely and with propriety be sent to Service at Dorchester have been conveyed there, but that otherwise the complaint was justified. Expressing the sincere hope that any difficulties will be surmounted, I leave this matter. In my tour of the wards, gardens and offices, I found the patients generally quiet and well-behaved; a sufficiency of newspapers, picture papers, flowers and plants, in all the wards, including those for the more destructive patients; but I think the issue of towels, both face and roller, could be increased with advantage. It struck me also that the dresses of the women might be more varied in material, and on the male side I am sure that the introduction of a steam-press for trousers, etc., would tend to inculcate a smartness and sense of self-respect, and incidentally prolong the life of the garments. In the laundry I indicated two belts which are at present inadequately guarded, and I suggested also the introduction of

a small steam jet at a convenient point close to the wash-house for infected articles of clothing.

Yesterday I saw a good meal of roast mutton, potatoes and a vegetable, followed by sago pudding, which seemed to be much enjoyed by the patients.

During the period under review one female patient required to be mechanically restrained for surgical reasons, and seven patients have been secluded.

The general health of the patients and staff has been good, and the only form of epidemic disease has been dysentery, of which there have been 3 cases. There has been no case of enteric fever, though there are at least 6 "carriers" of this disease in the hospital, enduring careful control and strict obedience on the part of the staff to the restrictions and safeguards prescribed. The drinking water also continues to be treated, and is examined bacteriologically every fortnight, a wise precaution, especially during the present stage of a new supply.

There are at present 3 male and 6 female patients under treatment for active tuberculosis of some form or other. The mortality rate for the year ended December 31st, 1929, was 11.11 per cent. for the males and 5.02 per cent. for the females, or 7.58 per cent. for the combined sexes, calculated on the average number daily resident.

Since last visit 39 male and 43 female patients, or 82 in all, have died, all deaths, with one exception, being from natural causes. In the excepted case the patient, a female aged 78, slipped and fractured her thigh, subsequently dying from a combination of shock and congestion of lungs. In the remaining deaths the principal causes of death, confirmed in 51 cases by post-mortem examination, were as follows: pneumonia in 33, heart disease in 6, tuberculosis in 8, arterio-sclerosis and senile decay in 6, exhaustion from mania or melancholia in 5, organic brain disease in 3, general paralysis in 3, and in the remainder to a variety of bodily diseases not calling for special mention. No inquest has been held during the period, and only two serious not fatal casualties have occurred, both due to accidental falls. In the hospital wards I found every reason for satisfaction with the nursing and medical care of the sick and those confined to bed, and in the laboratory was interested in the large volume and admirable character of the work carried out there, whose value both in regard to the general health of the hospital, the prevention of the spread of disease, and checking and guiding of diagnosis and treatment of individual cases, cannot be overestimated. I trust, however, that when the greatly-needed extension of the hospital is overtaken, the additional electrical supply which will then be required will permit of the installation of an X-ray plant and the formation of a radiological department of a comprehensive kind. As to the need for all these there can be little question. Merely on the ground of accommodation alone the figures supplied to me show that though there are vacancies of 10 on the female side in the whole hospital, there is actual overcrowding in the main building on the female side, both by night and by day. But also with the coming into operation of the new Mental Treatment Act opportunities will be afforded as never heretofore for the treatment of the subjects of mental disorders at an early stage of their course, when a concentration of medical effort, supported by modern methods and equipment, are most likely to prove efficacious.

The weekly maintenance charge per head for home patients is 22s. 2d., and for private patients from £2 2s. upwards, whilst the average weekly maintenance cost, as last ascertained, was 21s. 8d.

The present staff of nurses consists of:—

	Males.	Females.	Total.
Charge - - - - -	10	12	22
Ordinary - - - - -	43	70	113
Night - - - - -	7	12	19

Two female nurses are employed on the male side at Herrison House.

Forty male and 29 female nurses are registered or certificated as mental nurses, and 8 male and 11 female nurses have passed the preliminary examination.

Dr. Bedford, Medical Superintendent, was on leave, but kindly came to-day to meet me here, and in his absence I was conducted round the wards by his deputy, Dr. Fleming, who gave me every assistance, as in their respective wards did Drs. Coleman and Lloyd.

Durham County Mental Hospital.

June 19th, 1930.

It is just fifteen and a half months since our colleagues visited this institution, and during that period the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	246	212	458
Transferred to other care - -	6	7	13
Discharged from order - -	88	92	180
of whom had recovered - -	44	42	86
of whom dealt with under s. 79 -	26	45	71
Allowed out on trial - - -	27	26	53
Died - - - - -	114	94	208

We regret to notice that again no money allowances have been granted to patients whilst allowed out on trial, and we fully endorse our colleagues' remarks on this matter.

There are 89 male and 3 female private patients, two of each sex being of the criminal class, and 86 of the men of the "Service" or "ex-Service" class. Out-county patients number 26 males and 13 females, all with the exception of one male being received under a contract with West Hartlepool County Borough.

Two men and one woman are now out on trial, leaving 843 men and 780 women—a total of 1,623 patients, in residence.

The accommodation as returned to us is for 718 patients by day, and 837 by night, on the male side, and for 677 by day, and for 789 by night on the female side. This large discrepancy between the day and night accommodation has been commented on at previous visits, but little if anything has been done to adjust matters. This is probably due to the number of patients for whom sleeping accommodation has to be provided. We hope, therefore, that the erection of the new reception block with the convalescent villas will be energetically carried on. We understand that the plans for these are in course of preparation for submission to our Board. We were interested to see the making of the stone concrete blocks by male patients, which are eventually to be used in the construction of these buildings. A good stock is accumulating.

The day accommodation is at present overcrowded to the extent of 127 male patients and 116 female patients, whilst there are 8 too many male patients and only 8 vacancies on the female side by night.

The weekly maintenance charge is 22s. 2d., and that for those of the private class from that amount to 28s. The average weekly maintenance cost as last ascertained was 23s. 4.8d.

As stated above, there are now resident in the hospital 1,623 patients; the average number resident during the year ended December 31st last was 812 males and 767 females, a total of 1,579.

We found the patients generally very contented and free from complaints. They were tidy in their dress and personal appearance, and they were quiet and orderly in their behaviour. The appeals for discharge

were not unduly numerous, and none of the patients making them appeared yet fit for it.

Yesterday we saw the dinners being partaken of in the hall at Winterton, and in some of the wards in the main building, where meals are at present being taken, owing to the redecoration of the main dining hall. The meal consisted of meat pie with green vegetable. It appeared to be well cooked, but was served on cold plates, there being no means of heating these.

Parole beyond the estate is granted to 71 men and 47 women, whilst 64 men and 14 women have that privilege within the grounds. Only one ward, the new block on the female side, is administered on the open-door principle, being open to the grounds.

Mechanical restraint has been used once in the case of a male patient for a third of an hour, and two male patients have been secluded for a total duration of $6\frac{1}{4}$ hours.

We found the dayrooms and dormitories clean and tidily kept but the ventilation, especially in the older wards of the main building, could be much improved by the unblocking of the lower sashes of the windows, and opening up the fire places which were bricked up when central heating was installed. The lavatory accommodation at Winterton is being improved, that in male ward 1 being completed. The ventilation of the sculleries in the wards there is being attended to, dormer windows being made above the corridor. We think, however, that the ward store rooms, and bootrooms, which are dark compartments opening into the day rooms, should be ventilated directly to the open-air.

A good deal of redecoration has taken place at Winterton, and now that the work of enclosing the electric mains in steel conduits has been completed it is hoped that the redecoration of the wards in the main building will be taken in hand. Wards No. 1 and 18 on the male side at the main building were particularly noticed as requiring this.

We were much struck with the shortage in the supply of newspapers and periodicals, and think the numbers of these should be more than doubled.

Some new machinery is being installed in the laundry.

The grounds and gardens are very well kept, and were looking very bright with flowers, and flowering shrubs and trees.

The mortality rate for the year ended December 31st, 1929, namely, 12.09 per cent. for the combined sexes, was even higher than that for the preceding year, itself a high one, namely 11.1 per cent. The death rate amongst the male patients for the year 1929 was 11.5 per cent., calculated on the average number daily resident, and among the females 12.64 per cent. Since the visit of our colleagues on February 28th, 1929, 114 male and 94 female patients have died, all from natural causes, though in the case of one male patient death was found at the inquest which was held to have been accelerated by a blow on the head caused by an accidental fall of stone whilst following his employment. The injury was sustained prior to admission. A coroner's inquest was held in one other case, also a male patient, and the verdict was in accordance with the medical evidence, death being due to pachymeningitis. With these two exceptions the principal causes of death were as follows: general paralysis in 27, epilepsy in 6, other forms of brain disease in 6, and exhaustion from mania or melancholia in 2; in 27 to heart disease, in 12 to arterio-sclerosis, and in 8 to cerebral hæmorrhage; in 28 to pneumonia, in 1 to dysentery, and with the exception of tuberculosis, to which we refer below, the causes of death were various, and do not call for special remark. The deaths from tuberculosis numbered no less than 47, or 23.3 per cent. of the total deaths. Our colleagues at their visit fifteen-and-a-half months ago drew attention to the seriousness of the position in respect of this disease, and we regret that the figures before us do not suggest any improvement on those our colleagues had before them, but rather the reverse, for we note that whilst the proportion of notified cases of tuberculosis per 1,000 of

population during the year 1929 was 16·5 at this hospital as compared with the mean rate of 8·5 for all mental hospitals, the death rate from tuberculosis at this hospital for the same period was 23·4 per 1,000, as compared with 6·9 per 1,000 for all mental hospitals. The tuberculosis death rate per 1,000 of population at this hospital during the preceding year was 18, and it was this figure our colleagues were considering.

It may be that the industrial depression which has severely affected the County has played some part in raising the proportion of new cases notified as suffering from tuberculosis, but the fact that whilst the proportion of notifications is about double that of mental hospitals generally the death rate is nearly four times as great as the mean of all hospitals strongly suggests that unfavourable circumstances, such as overcrowding, imperfect ventilation, insufficient verandah accommodation, and possibly the need for a more vigorous prosecution of laboratory tests in suspected cases, all contributed to the unfavourable position here in respect of this disease. In this connection we understand that it is proposed to place the male actively tuberculous patients in the unoccupied isolation hospital, where undoubtedly, with the addition of verandahs, such patients would be suitably accommodated, even if this unit is rather distant from the main hospital. We also hope that the small laboratory attached to the new block, No. 4 Winterton, will be speedily brought into active service by the appointment of a medical officer possessing special qualifications and experience in laboratory methods, and so bring about that union of clinical and pathological work which is essential for the successful combatting of many diseases, and especially such as tuberculosis, dysentery, and others of bacillary origin.

With the exception of influenza, which attacked in all 67 patients, and 7 members of the nursing staff, in the early months of this year there has been no occurrence of epidemic disease, though one case of dysentery, terminating fatally, had to be recorded. There has been no occurrence of enteric fever, and at present the cases of active tuberculosis under treatment number 29.

In all there have been 11 serious but not fatal casualties during the period under review, sustained by 7 male and 3 female patients. Two of these, both male patients, were the subjects of a special enquiry by two of our colleagues last August.

The present staff of nurses is as follows:—

	Males.	Females.	Total.
Charge - - - - -	26	31	57
Ordinary - - - - -	97	94	191
Night - - - - -	16	21	37
Certificated or registered - -	51	34	85
Passed preliminary examination only - - - - -	50	44	94

During the tour of the wards we found on duty 56 male nurses and 55 women nurses, and as pointed out by our colleagues on the last two visits we think the wards are much under-staffed. We are not aware that the patients here are less difficult to handle than in other mental hospitals, but we find that the number of patients to each nurse at the time of our visit was 14·8 on the male side, and 14·3 on the female side, whereas in mental hospitals generally the mean rates are 10·9, and 11·5 respectively. It seems, therefore, that there was at least a shortage of some 20 male and 14 female nurses at the time of our visit.

Dr. May has to assist him Dr. Race, Dr. MacGilp, Dr. Hearn, and Dr. Harrison, the latter in a temporary capacity.

Dr. Race and Dr. Hearn were on leave at the time of our visit to the wards.

Essex and Colchester Mental Hospitals.—1. Brentwood.

October 29th, 1930.

We have to-day completed the annual visit to this institution on behalf of our Board, which we commenced yesterday. It continues to be very well maintained and administered on progressive lines. The completion and occupation of the nurses' home has allowed the provision of clinical rooms in practically every ward; a treatment room has been equipped in connection with the admission wards in each division, and one ultra-violet ray apparatus has been fitted up in the male ward, and another is to be provided for the female ward. Electricity for both power and light is now available throughout the hospital; a "Peerless" general purposes machine has been installed in the main kitchen, as well as an automatically controlled refrigerating plant. Other alterations and improvements include a considerable amount of redecoration and painting, both externally and internally, and the continuation of the radiator system of heating in connection with the open fires. Work in this respect is being now carried out in "D" block.

The new laundry and boiler house is in course of erection, and the boilers are on their seatings, and the laundry machinery has been selected. Some of the present laundry equipment will be used, and among it a new flannel washer, which has been lately installed.

During the 11 months that have elapsed since our colleagues' visit the following numerical change have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	152	160	312
Transferred to other care - - -	41	3	44
Discharged from Order - - - -	80	73	153
of whom had recovered - - -	51	47	98
of whom dealt with under s. 79 -	11	16	27
Allowed out on trial - - - - -	61	60	121
of whom allowed money - - -	12	4	16
Died - - - - -	33	58	91

There are now on the statutory books the names of 1803 patients in the proportion of 743 males to 1,060 females. Three men and 9 women are now out on trial, leaving 1,791 patients in residence. Last year the average number in residence was 1,751—714 males and 1,037 females. The total accommodation as now returned, taking into account the rooms occupied in the wards by the female nurses, and vacated on the opening of the home in April last, is on the male side by day for 629 patients, and by night 716, and on the female side by day 1,107 and by night for 1,054. The male side is therefore overfull, and there are very few vacancies on the female side.

The only private patients are those of the "Service" and "ex-Service" classes, numbering 81 and 8 respectively. Out-county patients number 37 men and 104 women, 34 of the former and 98 of the latter being chargeable to East Ham.

The weekly maintenance charge is for the home patients 24s. 6d. and for those of the "Service" class 28s. 3d., whilst the average weekly cost is 23s. 5.33d.

We found the patients generally quiet and well behaved, though in wards M.5 and 7 in the female division there was some noise. We received no complaints of harsh treatment from any one, and the appeals for discharge were not unduly numerous.

We were very glad to see so many of the female patients engaged in useful occupations. Besides good attendances in the laundry, needle rooms, and in the weaving and handicrafts departments, a number of the women were at work in their respective wards. To-day there was a trial hockey game, in which female patients with a couple of nurses were

taking part. The dress and personal appearance of the patients were satisfactory; the style and cut of the women's garments were well varied, several of them wearing their own private dresses.

The health of the patients has been good, and apart from a few cases of dysentery on the female side, there has been no infectious disease in the hospital.

Those in bed were receiving excellent care and attention, and we were glad to see that many of them were being nursed both by day and night on the verandahs attached to the wards.

Dr. Power, the senior assistant medical officer, is now in charge of the laboratory, where excellent work is carried out both in making routine tests as an aid to diagnosis and treatment, and in research, and we were much interested in hearing from him of some of the results of the treatment of general paralysis, both by induced malaria and by sulphosin. He has the help of a trained technical assistant.

We agree with our colleagues that the medical attention given to the patients is excellent, but we cannot help making the suggestion once again that the appointment of a fifth medical officer is a necessity, more especially as the post of pathologist has been allowed to lapse, and as, with the coming into force of the Mental Treatment Act in January next, it is to be hoped that cases of early mental disorder will be admitted, who will require more special and personal medical attention than can now be given.

So far facilities for continuous bathing are not provided. These will no doubt be installed in the new admission hospital when this much-needed building is erected, but meanwhile we thought that one or two of the baths now in position in the receiving wards might be converted for its use at small cost.

With two exceptions the deaths have been due to natural causes, and the death rate for the year ending December 31st, 1929, was 6.22 for both sexes, a satisfactorily low rate, and the lowest yet recorded in the 75 years that this hospital has been open.

Inquests were held concerning the two excepted deaths, one of which followed an operation performed by the consulting surgeon, and the other taking place after the administration of an anæsthetic for blood transfusion to a patient in very poor health. In neither case was blame attachable to any member of the staff.

We found the fabric well maintained, and the wards clean and tidy. We noticed that the area capacity of the wards was not posted up in all, and we should like to see the notices as to correspondence amplified as regards visits and other matters as suggested in the circular letter issued by our Board a few years ago. In some wards the portion of the medicine cupboards where poisons are kept, are not under separate lock and key.

We yesterday saw a good dinner being partaken of in some wards. It consisted of meat and vegetable stew, and potatoes, followed by suet pudding and jam.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge	15	21	36
Ordinary	74	107	181
Night	16	30	46
Farm and Garden.	6	—	6
Certificated or registered	69	46	115
Passed preliminary examination only	12	39	51

We inspected the new nurses' home and were very pleased with the arrangements made there for their comfort. Very good accommodation is provided there for two sisters and 65 nurses.

Dr. Masefield has the assistance of Dr. T. D. Power as deputy super-

intendent, and of Dr. A. H. Pearce, Dr. A. C. Sinclair, and Dr. W. Lambert as assistant medical officers.

Essex and Colchester Mental Hospitals.—2. Severalls, Colchester.

January 23rd, 1930.

We have during yesterday and to-day visited all parts of this large hospital and its dependencies, and are glad to report that it continues to be admirably administered and maintained for the welfare of the patients.

Since our colleagues' visit seven months ago the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	59	175	234
Transferred to other care - -	3	15	18
Discharged from Order - - -	50	85	135
of whom had recovered - -	23	50	73
of whom dealt with under s. 79 -	6	8	14
Allowed out on trial - - -	45	72	117
of whom granted allowances -	11	23	34
Died - - - - -	28	65	93

There are now on the statutory books the names of 1,817 patients in the proportion of 719 males to 1,098 females. Of these 153, 76 men and 77 women are classified as private patients, 64 of the former being of the "Service" or "ex-Service" class. Out-county patients number 300, 84 men and 216 women; 77 men and 148 women are received under contract from the Borough of Southend, and 2 men and 57 women from the Borough of East Ham. There are also 16 other patients chargeable to out-county authorities.

Three men and 7 women are now out on trial, leaving 1,807 patients in residence.

The average number in residence during the year ended December 31st last was 730 men and 1,076 women—1,806 in all. The accommodation as returned to us is for 720 male patients by day, and 717 by night, and for 990 female patients by day, and for 1,064 by night. There is therefore a considerable excess of female patients. We understand the provision of extra accommodation for about 500 patients is engaging the consideration of the Visiting Committees. Plans and contracts for the extension of the nurses' block, and addition of a workroom and dormitory at Chestnut Villa (formerly the children's block) are awaiting the approval of the Ministry of Health.

To the best of our belief we have seen all the patients in residence, and given them an opportunity of speaking with us. We found them generally very contented, orderly in their behaviour, and free from complaints as to their treatment, other than on the score of detention. The appeals for discharge were, however, somewhat numerous, but no one of those appealing appeared yet fit for it.

The clothing and personal appearance of the patients of both sexes were satisfactory.

Three of the male and 2 of the female wards are open to the grounds, and 4 other wards on each side to the gardens. One man and 13 women have their parole beyond the estate, and 185 men and 119 women within the grounds.

The weekly maintenance rate for the home patients is now 24s. 6d., and that for those of the private class 30s. to 100s., averaging approximately 50s. The weekly maintenance cost as last ascertained was 23s. 6¼d.

We found the dayrooms, galleries and corridors clean and well kept, and the dormitories, and single rooms with their beds and bedding tidy

and well arranged. We think it would be advisable to divide up the large ward No. 13, where at present 127 men are accommodated.

Extensive renewals and improvements in the heating system have been completed and are in progress. This work has been necessitated by the corrosion of the pipes. The ward gardens, and grounds generally are very well kept, but we should like to see more attention paid to the inner courts, especially on the female side, and the grass and weeds cut.

A new pathological laboratory is in course of erection.

Unfortunately in August and September of last year there was another epidemic of dysentery, during which 19 patients in several wards on the female side were attacked, with fatal results in 7 cases. In each instance the diagnosis was confirmed by laboratory tests, but the cause of the epidemic could not be established. The high death-rate of the disease was due to the poor physical condition of those attacked, rather than to the severity of the disease. There have also been two cases of enteric fever on the female side, both of whom recovered, and we are glad to say that now the hospital is free from either disease.

Twenty-two females and 7 males are known to be suffering from tuberculosis in an active form, the larger numbers on the female side being due, we are informed, to patients being admitted who had already contracted the disease. All these patients are, as far as possible, segregated from others, and are nursed in the open air. Five patients, all females, died from this cause.

We saw a large number of patients being nursed in the open air on the verandahs or solaria off the infirmary wards, and also others whose only shelter is provided by roller awnings, which can be lowered when weather conditions render it necessary. This experiment, which appeared to us to be an excellent one, will, we hope, be the subject of a report by Dr. Turnbull after 2 or 3 years' trial.

In the wards for the sick and infirm we thought the provision of small bed tables or trays would add to the patient's comfort at meal times.

There have been two deaths due to a suicidal act, one by hanging, and the other by drowning, whilst the patient was on trial, but the circumstances of both were reported to our Board at the time, and they call for no special mention here. Inquests were held concerning both cases, and also concerning the death of a female patient which was complicated by an accidental fracture of the left femur.

The remaining 90 deaths were due to natural causes, and in all 76 post-mortem examinations were held, a good proportion.

The death rate for 1929 was 6.3 per cent. for males and 11.2 per cent. for females, a total of 9.2 per cent. for both sexes. The rate for the women is considerably higher than last year, and is due, we understand, to the high admission rate of feeble and senile patients of this sex.

The hospital is well equipped with facilities for special medical treatments, containing as it does an X-ray department, violet rays, an operating theatre, a dental room, continuous baths, etc., and the new laboratory will shortly be ready for occupation.

Good work is carried on in all the departments by the medical staff, and we were satisfied that the medical work generally is of a high order. The X-ray apparatus to which attention was called at the last visit has not as yet been improved.

No mechanical restraint has been employed since the last visit. Seclusion has been resorted to in the case of 8 male and 54 female patients for a total of 1,237 hours.

The system of getting the patients employed in simple and interesting handicrafts is being developed, and we saw classes at work in both admission blocks, as well as at Myland Court, and the loom room.

The nursing staff consists of 12 male and 17 female charge nurses, 79 men, and 125 women as ordinary nurses, and 18 men and 26 women for night duty.

During our tour of the wards we found on duty 54 men and 87 women nurses.

A very satisfactory number of the nursing staff has passed their final examination, 92 men and 46 women, whilst 10 men and 35 women have qualified in the preliminary examination.

Dr. Turnbull has the assistance of Col. F. Kiddle, C.M.G., as deputy superintendent, and of Dr. A. G. Duncan, Dr. Norah Haworth, Dr. N. Moulson and Dr. Irene Dixon as assistant medical officers.

Glamorgan County Mental Hospital.

November 15th, 1930.

We have to-day completed the annual inspection on behalf of our Board of this hospital, which was begun yesterday by one of us. There are now on the statutory books the names of 1,197 men and 908 women, a total of 2,105, but there were at the time of our visit two male patients on trial, leaving actually in residence 2,103.

Sixty-three patients have been allowed out on trial to test their fitness for discharge, but in only 7 cases were money allowances granted. The freedom from pecuniary troubles during a period after leaving the hospital is most necessary for the mental welfare of a late patient and we earnestly trust that the facilities given by the Act of Parliament for the payment of allowances will be taken full advantage of in suitable cases.

There are 137 private patients of whom 98 are "Service," 5 "ex-Service" patients and 20 are women. Out-county patients number 98, of whom the great majority are on contract from Swansea Borough.

The hospital is very overcrowded, there being an excess over the authorised numbers of 281 men and 163 women by day, and 210 men and 73 women by night.

The weekly maintenance charge for home patients is 21s., and for private patients 21s. to 37s. 11d., the average weekly maintenance cost as last ascertained being 20s. 4¼d.

It has been found necessary to seclude 32 men and 137 women for a total period of 5,724 hours.

Twenty male patients are usually given parole beyond the estate and 125 male patients have parole within the estate.

The present staff is as follows:—

					Males.	Females.	Total.
Charge	-	-	-	-	14	13	27
Ordinary	-	-	-	-	136	99	235
Night	-	-	-	-	15	15	30

Seven women nurses are employed on the male side, and 112 men and 44 women are certificated or registered as mental nurses, 26 men and 24 women having passed the preliminary examination.

A considerable amount of painting and decoration has taken place at Parc Gwylt. A sports pavilion has been erected at Angelton, and drainage of certain airing courts at the latter place has been done.

We found the patients on the whole quiet and orderly, though there was some little turbulence in one or two places at Parc Gwylt. It must, however, be remembered that the day was very wet, which might well account for a little unrest. We found the patients ready, and indeed anxious, to converse, but we think we can say that on the whole they were very free from complaint, such complaints as we did receive were generally the outcome of a disordered mind.

With one or two exceptions the wards were clean and well-ventilated,

but we noticed that one or two, particularly Female 5 at Parc Gwylt, were unpleasant on entering. This we think should not be, and we make full allowance for the class of patient warded there. In one or two of the female wards we found that the charge nurse had no notepaper or envelopes in the ward. We were assured that she could get it at any time from the stores, but it is obviously impossible for the nurses to go off to the stores whenever an individual wants a sheet of paper, and the difficulty can be easily overcome by keeping a proper supply in the wards. We noticed that there is no wireless in the female wards at Parc Gwylt, and we think that this might be a source of great amusement to some of the patients. We were sorry to see that the bags for brushes, tooth brushes, etc., that one of us noted on a former visit seem to be no longer supplied. Several patients spoke to us of the difficulty of keeping in touch with their friends at home and elsewhere, and we were very pleased to hear that an organised system is in vogue here by which friends are notified of the pleasure caused by the receipt of letters and parcels by patients.

In visiting the bakehouse we thought that the dough mixer was very unsafe, as there is no apparatus to lock the lid while the machinery is in motion inside the mixer. We were informed that as soon as the lid was opened the revolving blades would stop—to-day, on testing this, we found it did not work, but even had it done so we think that the opening of the lid would not stop the blades revolving quick enough to make it quite safe. We know that there are means for effectually locking the lid when the blades are in motion, and we think that the engineer should make immediate enquiries in this direction. The dinner to-day consisted of a thick soup, followed by bread and cheese, and it seemed to be appreciated by the patients. On returning from Parc Gwylt we visited Glanrhyd, a comfortable house with 10 male patients in it. We also saw another house which has lately been done up and where it was proposed to house some more convalescent patients—we think this was called Glanrhyd cottage. We are, however, satisfied that our Board would not be prepared to allow the upstairs rooms of this house to be used by patients without some structural alterations and additions to make it safe in the case of fire.

Since the last visit 118 patients have died, and in more than half the cases post-mortem examinations were held. We observe that in only 3 cases were bedsores existing at the time of death.

The causes of death call for no special comment except in two of the three cases in which inquests were held. In one of these cases death was accelerated by an accidental fall causing a fracture of the tibia. In the other injuries occurred during a serious and combined attack on a member of the male staff, the patients afterwards fighting amongst themselves. The patient in question, who was one of the attackers, suffered from valvular disease of the heart and died 3 weeks later, and the jury in their verdict said that the ward should always be properly staffed. The facts were fully reported to our Board at the time, and it appears that owing to meal time only 3 attendants were actually on duty, and we have now been assured that the staff in this ward will not be reduced below 4. A concerted attack of this kind is unusual, and we are glad to hear that the other patients engaged in it have been separated. We take this opportunity of expressing our sympathy with the attendant who was the subject of this attack.

There was an epidemic of influenza affecting 58 patients, of whom 12 died, during the period under review, but no cases of dysentery or enteric are reported. Eight patients have died of tuberculosis, and at the present time 26 are reported to be suffering from tubercular disease, but in few cases is the disease in active form.

In the two institutions 16 serious but not fatal casualties are reported, and in 9 of these cases bones were fractured in accidental falls. In six

instances the injuries were caused by other patients, and one patient made a suicidal attempt.

We are glad to find that the case books are now kept in a more satisfactory way, and all the necessary particulars were readily found in every case we investigated. The patients are well and carefully nursed, and we note with satisfaction that all nurses both male and female are required to attend classes and lectures to prepare for the nursing examinations. Nurses who do not pass after a reasonable period are not retained on the staff.

We are sorry to hear that the recommendations of our colleagues at the last visit, with regard to the malarial treatment of general paralysis, have not been adopted, and in other respects this large and important hospital is not keeping abreast of modern developments of medicine. There is no effective laboratory and specimens cannot be properly examined. There are no continuous baths, the open air verandahs are inadequate, so that tuberculous patients are nursed with other patients, and comparatively few patients can be nursed in the open air in bad weather. We are aware that some of these defects will be in part remedied in the new admission hospital, but we would urge the Committee to consider the urgent importance of affording means of giving the patients in the present buildings the full advantage of well-tried modern means of treatment.

We were sorry that Dr. Finlay was unable, through ill-health, to meet us and trust that his full recovery will not be long delayed. In his absence we got all the help and information we wanted from Dr. Macgregor and the other members of the medical staff.

Gloucester County Mental Hospital.

November 11th, 1930.

Since this hospital was last visited by two members of our Board, the Committee have lost the services of Dr. J. Marnan, who had been connected with this hospital for about 22 years and medical superintendent of it from 1917. Dr. Marnan had been in indifferent health for some time and eventually felt himself bound to resign. We earnestly hope that Dr. Marnan may soon be completely restored to health and may live long to enjoy his well-earned leisure. His place as medical superintendent has been filled by the appointment of Dr. F. C. Logan, who was at Prestwich Hospital for over 10 years, being deputy superintendent there for the last 6½ years. We take this opportunity of offering Dr. Logan, on behalf of our Board, our congratulations on his appointment and our best wishes for his success in his new and somewhat formidable undertaking.

In view of the fact that Dr. Logan has only been here a very short time and has not yet had time thoroughly to look round the hospital we do not propose to record in this entry a number of matters which we have to-day and yesterday discussed with him, but we feel sure that they will receive his careful consideration.

We found the patients yesterday at Wotton and to-day at Coney Hill very contented and free from complaints other than complaints as to detention. There was no sign of noise or turbulence at either place in spite of the fact that some of the day rooms appeared to be very overcrowded, a fact which so often tends to noise and disorder.

The wards and dormitories at both hospitals were well kept, clean and well ventilated. It was a very great pleasure to find both hospitals now lighted with electricity and to realise that the patients now being nursed in side rooms need no longer be nursed, tended, washed and dressed after dark by the light of a hand lantern as has hitherto been necessary.

The book shelves in the day rooms were well supplied with bound picture papers and magazines, but we saw very few novels and reading books, and we hope that the fact that there must be some destruction will

not deter the authorities from keeping the shelves well supplied with such books, from which the patients can choose when in the mood to do so.

We were very pleased to learn about and indeed to see some of the results of the hand work classes which take place both at Wotton and Coney Hill, and much hope that it will be found possible to extend them and induce more patients, of the so-called unemployable sort, to become interested in some sort of work.

We should like to see some hand towels introduced into the better class wards and a larger supply of hair and nail brushes in all the wards, and where possible private towels and hair brushes for the personal use of patients who will appreciate them.

The dietary seemed to us to be very satisfactory and we saw an excellently well-cooked potato pie and green vegetables served to-day at Coney Hill. In the summer time the patients are given a considerable amount of fruit which, apart from its useful dietetic value, we feel sure is much appreciated.

At both hospitals we were glad to hear that it is proposed to start a canteen for the use of patients and their friends, a trolley of small articles of food is already available on visiting days and has proved to be a useful innovation, and we feel sure that a canteen will be successful and popular.

Now that the electric light has at last reached the hospital we hope it will not be very long before the patients will be able to be entertained by a cinema, which has proved so popular at other similar institutions.

There are now on the books the names of 1,237 patients, of whom 506 are men and 731 are women. Fifty-seven men and 85 women have been allowed out on trial to test their fitness for discharge, money allowances from one source or another being granted in 39 cases.

Two female patients were out on trial at the time of our visit.

It is difficult to estimate exactly the extent of the overcrowding in the hospital, but we regret to say that it is considerable, and we are afraid that there must be some error or confusion in the figures given us which show that there is only overcrowding by night to the extent of 14. Our observations of the figures marked on the walls showed that in nearly every case we examined into, there were more beds in the ward than the figure on the wall showed to be justified. We have no doubt that this matter will be gone into in time.

The average weekly maintenance charge per head is 23s. 11d., the average weekly maintenance cost being 22s. 8d.

Since the last visit 111 patients have died, and it is satisfactory to find that in only one case a bed sore existed at death. With one exception, all the deaths were due to natural causes. One women patient, while out on parole, took spirits of salts, and an inquest was held on another patient who died of exhaustion two days after admission. The facts of these two cases were reported to our Board at the time and require no further notice.

As is usual the most frequent cause of death was heart disease (37 cases), cerebral hæmorrhage (10) and tuberculosis (10).

Seeing that the hospital is overcrowded it is satisfactory to find that only 8 cases of tuberculosis are reported at the present time, and none of dysentery or enteric fever. Since the last visit, however, there have been six cases of enteric fever with two deaths, two cases of diphtheria and one of scarlet fever.

Fourteen cases of serious casualties involving fractures of bones are reported, eight of which were purely accidental, four were caused by other patients and two occurred in the course of fits.

Considerable changes are in progress and are contemplated with regard to classification and in the arrangements made for newly-admitted patients. At the present time all new women patients are admitted at Coney Hill and shortly it is intended to admit male patients there also, so that all patients coming to the hospital for the first time will be received there.

A clinical room has been fitted up at Coney Hill, a pathological labora-

tory is being established and a trained assistant will shortly be appointed. We have no doubt that these changes will be for the benefit of the patients.

The disposition of the wards and gardens at Coney Hill is not altogether satisfactory for the care and treatment of newly-admitted patients, and we hope that the Committee will keep in view the urgent need for a small admission hospital where new patients may be received and many of them be treated to recovery in wards apart from those containing chronic or degraded patients. Such an admission hospital, preferably with convalescent villas, is really a necessary part of a hospital of this size and importance, and has been made increasingly necessary by recent legislation.

In the course of our visit we gave special attention to the patients in bed and were satisfied they are receiving careful and adequate nursing and medical attention. We note with satisfaction that sedatives are sparingly used and there is little seclusion. The case records are carefully kept and gave us all the information we needed in the individual cases we enquired into.

A careful survey of the fire appliances and escape staircases has recently been made and recommendations involving an expense of nearly £3,000 has provisionally been adopted by the Committee.

We were glad to hear that Dr. Logan has been appointed on the staff of the Gloucester Royal Hospital and is about to start an out-patient clinic, which cannot but be of great value to persons threatened with mental illness. We welcome this evidence of co-operation between the General and Mental Hospital. We hope, however, it may be found possible to appoint to these Mental Hospitals consultants in medicine, surgery, and other departments, so that patients here may readily obtain expert advice.

We have been much interested in hearing from Dr. Logan of many minor improvements he, with the assistance of the Committee, has been able to effect and in his monthly report book we saw that much is still under consideration. As we have before mentioned Dr. Logan has been here only a short time, but during our inspection we were struck by the grasp he had of things in general here and by his zeal and enthusiasm.

Hants Mental Hospitals.—1. Knowle, Fareham.

March 26th, 1930.

Since this hospital was last visited by two of our colleagues a considerable amount of redecoration has been undertaken, and as a result the wards have been made very much brighter and more cheerful. The decorators are still at work and we hope will, before very long, be able to overtake arrears. Extra fire hydrants and additional chemical fire extinguishers have been provided in many places; glazed tiling has been fixed in the kitchen and scullery, and a central wireless installation is being fixed in the Central Hall with extensions to 4 wards. This latter addition is an excellent one, and we hope that it will be possible to extend it beyond 4 wards in time.

Among the matters under contemplation are the renewal of the pumping and water-softening plant, the building of an admission hospital and a nurses' home. We had an opportunity to-day of looking at two sites for the proposed admission hospital, and we have asked Dr. Jackson to let us have a rough plan of the sites showing the position proposed for the building so that we can give the matter more careful consideration.

We found the hospital excellently well kept and very comfortable. A considerable number of new bed-tables have been provided in the sick wards, some more lockers have been made, and all the wards are now provided with letter boxes. Some of the wards were very effectively decorated with framed posters, and we should much like to see some more added on the walls of some of the day rooms, which struck us as being bare and lacking in pretty things. The shelves were very well supplied

with books, but our inquiries led us to think that the books might with advantage be changed more often than appears to be the case at present.

In the ward where the defective children are housed we thought that it would be worth while to add a piano and to give the children a daily musical drill. There would probably be no difficulty in finding a nurse who could play for a short time daily, and we believe that it would be a good thing for the patients' health and happiness.

We saw a dinner being nicely served consisting of roast mutton, potatoes and parsnips and a rice pudding. In passing through the kitchen we were surprised to learn that fish does not form a usual part of the weekly diet. Our experience is that boiled fish is not popular with patients but that fried fish is a welcome variety. We venture to suggest that a fish fryer would be a valuable addition to the kitchen equipment.

The patients were tidily dressed and shod, and we were glad to hear that the supply of indoor slippers is still being increased.

The dormitories were well-ventilated and clean, and the old-fashioned beds are by degrees being replaced by new ones.

The patients themselves were very happy and contented as a whole, and many of them expressed their gratitude for the kindness they have received here. Such complaints as we did receive were either the outcome of mental trouble or were on the ground of detention by patients quite unfitted for discharge.

The changes which have taken place during the period under review have left on the books the names of 1,058 patients, all of whom were in residence at the time of our visit. Forty-seven patients have been allowed out on trial, money allowances being granted in 8 cases.

Private patients number 38, all of whom are either "Service" or "ex-Service" patients.

The figures returned to us to-day show that though there is accommodation for 146 men and 37 women, calculated on the day space, by night there are only 6 vacancies on each side.

The weekly maintenance charge for home patients is 20s. 5d., and for private patients 30s. 4d., while the average weekly maintenance cost as last ascertained was 20s. 9½d.

Twenty men are allowed full parole beyond the estate, and about three times that number have parole within the boundaries.

The staff of nurses is as follows:—

						Males.	Females.	Total.
Charge	-	-	-	-	-	10	9	19
Ordinary	-	-	-	-	-	69	59	128
Night	-	-	-	-	-	14	14	28

Thirty-four men and 11 women are certificated or registered as mental nurses, and 14 of the former and 13 of the latter have passed the preliminary examination.

The good general health of the patients is evidenced by the unusually low death-rate for the year which ended December 31st last, namely, 5.61 per cent., calculated upon the average numbers daily resident, or 5.2 per cent. for the males and 5.96 per cent. for the females.

Since the last visit of our colleagues on January 9th of last year 36 males and 39 females have died, all from natural causes, though in one of these deaths was accelerated by injuries received when the patient, a male, was knocked down by a passing motor car. This was the only death which was the subject of a coroner's enquiry.

Including the above case the principal causes of death were heart disease in 37, pneumonia in 13, epilepsy in 3, kidney disease in 2, and in the remainder various forms of bodily disease not calling for special mention. The causes of death were verified by post-mortem examination in 52 cases.

Influenza in the early months of last year and during the winter which has just passed attacked 42 patients, equally divided as to sex and 12 of the nursing staff. All made satisfactory recoveries. There have been also 5 cases of enteric fever, terminating fatally in one case and all on the female side. The last case occurred in August last and we are pleased to hear, as exemplifying the great value of a well-equipped laboratory and expert medical staff, that since the discovery and isolation of the last of several "carriers," no further case of the disease has occurred. There has been no recurrence of dysentery but there have been a few cases of measles (2), chicken pox (7) and erysipelas (8). Of serious but non-fatal casualties since the last visit, not one has occurred, a record reflecting much credit on the nursing staff.

During our tour of the wards we gave particular attention to those who were sick in bed and found them all comfortable, skilfully nursed, and in receipt of every proper care and attention. We found the medical officers who accompanied us from case to case to be in possession of an intimate knowledge of their patients, and we were especially pleased to learn that the clinical work in the wards is throughout supported and guided by findings in the laboratory.

Our visit chanced to coincide with the discharge of several patients, and it was gratifying to see the latter come to the medical officers to thank them for their kindness and restoration to health.

We had the pleasure of meeting some members of the Committee during our visit.

Dr. Jackson still has to assist him Drs. Shepherd, Kamenoff and Atkin.

Hants Mental Hospitals.—2. Park Prewett, Basingstoke.

July 17th, 1930.

Since the last visit by two of our colleagues at the end of November last 154 patients have been admitted, 22 have been transferred to other care, 60 have been discharged (26 upon recovery) and 55 have died. Thirty-three patients have been allowed out on trial to test their fitness for discharge, money allowances being granted in 7 cases. Eighteen patients have been dealt with under s. 79 of the Lunacy Act, 1890.

There are now on the statutory books the names of 1,317 patients, but at the time of our visit two female patients were out on trial, and one male patient was absent without leave, so that there were actually in residence 1,314 patients, or 582 men and 732 women. There are 101 private patients, of whom 45 are females and 34 are "Service" and 6 "ex-Service" patients. Out-county patients number 124, the bulk of them being here under contract from Cheddleton, Napsbury, and West Ham Mental Hospitals.

The returns supplied to us show that there is now in the hospital vacant accommodation by day for 59 males and 24 females, and by night for 77 males and 56 females.

The weekly maintenance charge per head is 20s. 5d., the average weekly maintenance cost being 21s. 3d. The minimum charge in the main building for private patients is 35s., and at Rooksdown House £3 3s. There has been no mechanical restraint since the last visit.

No parole is granted beyond the boundaries of the hospital, but 102 men and 112 women have parole within the estate. We agree with our colleagues' views as expressed in their report in November last that full parole to some carefully selected and reliable patients would be a privilege that would be likely to be much appreciated.

The present nursing staff is composed as follows:—

		Males.	Females.	Total.
Charge	- - - - -	11	12	23
Ordinary	- - - - -	69	42	111
Night	- - - - -	14	19	33

Fifty-four men and 29 women are certificated or registered as mental nurses, and 23 men and 19 women have passed the preliminary examination.

Since the last visit some useful improvements and additions have been completed, amongst which we may mention new shelters in the ward gardens of male 6 and 7, improvements at the mortuary, laying out of grounds at villa 8 and at the nurses' home, new pigstyes, and new garage. A power sewing machine has been obtained for the upholsterer's shop, and a petrol storage tank and pump has been installed.

Some nice looking shelters are being erected on the cricket field and will not doubt prove very useful, particularly as there are at present no big trees where patients can obtain shade or shelter in showery weather when watching the cricket. Some sanitary conveniences have been added in M.5 ward garden, and further shelters in the gardens are contemplated.

As we were leaving the front door of the hospital at the outset of our inspection the fire alarm bell rang from the nurses' home, and though we hurried to the spot in a car some of the fire brigade were on the scene before us, and the apparatus arrived simultaneously with ourselves, a very prompt and creditable performance. Happily the alarm was a false one, a short circuit having been caused while the electricians were making some adjustments.

We found the patients as a whole very happy and contented, well clothed and shod. Many of them were in the gardens, and we saw a large number on the cricket field watching a match between Odiham and the hospital.

We very much hope that before long selected better class patients will be allowed to wear their own underclothing, where this is suitable, as is now so commonly done at other institutions. We understand that this privilege is given at Rooksdown House, and the matter was rather forced upon our notice by a male private patient (no doubt a particularly difficult one) who has been at Rooksdown House, but owing to his interfering habits has had to be brought to the main building. He complained bitterly that he was not allowed his own underclothes and sleeping suit, and told us that he refused to wear the hospital underclothes and night clothes. The result was that he was wearing his own suit but no underclothes, having under his waistcoat a woollen sweater with nothing under it. We believe that if something could be arranged to meet the wishes of this gentleman and others who would appreciate being allowed to wear their own clothing it would add much to the happiness, comfort and contentment of the individuals so privileged.

The wards were well-kept, clean, bright and comfortable, and trouble had been taken to make them bright and attractive. The private villa, Rooksdown House, is most attractive, very nicely decorated and furnished, and most comfortable. We suggested to Dr. Connolly that a very small improvement might be added in the shape of locks on the w.c.s, which, while ensuring complete privacy to the ladies and gentlemen from other patients, can be easily opened if necessary from the outside by a nurse. We have seen these locks elsewhere, and know that they are appreciated by private patients.

We think that there is still a somewhat meagre supply of books in some of the ward book shelves.

We were very pleased to learn that a system is now in vogue to assist patients to keep in touch with their relatives, and that an endeavour is being made to find a suitable person who will act as "patients' friend." It was also most gratifying to learn that an occupational officer has been appointed, who holds classes on 5 afternoons in the week.

We venture to suggest the desirability of starting classes for physical

drill and dancing, which have proved so popular and beneficial for both sexes elsewhere.

Another useful addition is being made for the amusement of the patients in the shape of an 18-hole putting course.

Weighing of all patients takes place monthly, and we were interested to hear that the process is very much simplified by the use of a standard weighing machine of a good make in the shape of the well-known penny in the slot machines.

We tasted the food that was being served to the patients yesterday, and found it excellent, and there could be little doubt that the quantity was sufficient.

The general health of the hospital appears to have been good during the period under review, and with the exception of the 4 cases of dysentery on the female side during last December and January, and 2 cases of severe diarrhoea in January, and 2 cases of erysipelas, the hospital has been free from epidemic disease. We are pleased to note that the tuberculosis rates, both as regards the new cases notified and deaths per 1,000 of population, are very low, being only 1·6 and 3·1 respectively, as compared with 8·5 and 6·9, the mean rates for all mental hospitals.

The mortality rate for the year ended December 31st last was 8·55 per cent. for the males, and 7·66 per cent. for the females, and 8·06 per cent. for the combined sexes, calculated on the number daily resident.

Since our colleagues' last visit 37 male and 18 female patients have died, all from natural causes, the principal causes of death having been heart disease in 24, general paralysis in 11, exhaustion from mania or melancholia in 7, epilepsy in 2, tuberculosis in only 1, and a variety of bodily diseases not calling for particular mention in the small remainder.

The causes of death were confirmed by post-mortem examination in 28 or 50 per cent. of the total deaths. No coroner's inquest has been held, and only 6 serious but non-fatal casualties, all due to accidental falls or pushes by fellow patients, have occurred.

We gave particular attention to the patients under treatment in bed and satisfied ourselves that they were in receipt of all proper care and attention, efficient nursing, and skilled treatment.

We were pleased to note that the clinical work in the wards is checked and guided by examinations and tests carried out in the laboratory by members of the medical staff with the help of a trained laboratory assistant.

We were very satisfied with the condition in which we found the hospital and patients.

Hereford County and City Mental Hospital.

August 19th, 1930.

After inspecting this hospital to-day I can report most favourably on the general contentment and happiness of the patients, and on the way in which they are cared for. I gave everyone an opportunity of speaking to me, but received no complaints as to their treatment, except a few obviously based on delusions. The patients were well and tidily dressed and their quarters, especially on the female side, were bright, cheerful and well-kept, while in the day rooms there was a good supply of books and amusements. In the ward bath rooms on the female side moveable screens should be provided to give greater privacy during bathing hours, and I hope racks will be placed in some convenient position for the proper keeping of tooth brushes.

The garden paths to which attention was drawn at the last visit are now being repaired. One garden has already been finished, and another is now in the workmen's hands.

Casualty books, as provided for in the rules, should be kept in each ward.

The health of the patients has been good, and except for two cases of erysipelas and one of diphtheria there has been no infectious disease. Only 5 patients, 3 men and 2 women, are known to be suffering from tuberculosis, and no patient was seriously ill to-day. With one exception, all the 33 deaths were due to natural causes, and these call for no special mention. In the excepted case death followed an operation for rupture of the bladder. The rupture, it is believed, was self-inflicted, and all the circumstances of the case were fully reported to my Board at the time, and were investigated by the coroner.

There has been only one serious casualty, a fractured leg accidentally caused.

As the result of the changes amongst the patients during the period under review, there are now on the books the names of 538 patients, 233 men and 305 women, and all were in residence, except two of each sex, who were absent on trial.

The out-county patients number 41, of whom 20 men are chargeable to Stafford County, 20 women to Middlesex and one woman to Birmingham, and 36 patients, 23 men and 13 women, are classed as private patients, 16 of the men being either "Service" or "ex-Service" patients.

The accommodation of the hospital shows vacancies by day for 43 men and 21 women, and by night for 7 women, but an overcrowding by 8 men.

The maintenance charge is 18s. 8d. per week for home, and 24s. 6d. for private patients, the average weekly cost as last ascertained being slightly over 18s. 7d.

Parole within the grounds is allowed to 29 men and 11 women, and 6 men have the privilege of walking beyond the estate. In addition 3 wards, one on the male and two on the female side, are administered on the open-door principle.

Periods of trial are practically always given before discharge, either on recovery, or with a view to testing a patient's fitness to live at home, even though not fully recovered, out of 21 such cases a money allowance was only granted in 5 instances. This allowance is often most valuable at a time when the patient should be kept free from every kind of anxiety, and I hope it will be freely allowed.

Four new cottages for the male staff have been completed, and a new house for the farm foreman is now in course of being erected. Both inside and outside painting has been, and is still, being carried out.

The nursing staff consists of 28 male and 44 female nurses for day, and of 4 male and 9 female nurses for night duty, nine women are employed on the male side.

Those certificated or registered as mental nurses number 11 men and 14 women, and 4 men and 8 women have passed the preliminary examination for the certificate.

Dr. Grimmond Smith still has the assistance of Dr. D. M. Cox and Dr. D. S. Spence.

I was much pleased with my visit and with the general condition in which I found the hospital.

Herts Mental Hospital.

March 26th, 1930.

I have to-day paid the annual visit to this institution on behalf of my Board, and am very pleased with the condition in which I found the hospital, and with the care and attention bestowed on the patients.

Since my colleague's visit on May 7th last year the following numerical changes have taken place:—

	Males.	Females.	Total.
Admitted - - - - -	56	87	143
Transferred to other care - -	3	4	7
Discharged from reception Order -	31	38	69
of whom had recovered - -	20	24	44
of whom dealt with under s. 79 -	5	9	14
Allowed out on trial - - -	19	24	43
of whom granted allowances -	10	11	21
Died - - - - -	26	36	62

There are now on the statutory books the names of 894 patients in the proportion of 288 men to 606 women. Private patients number 48, 43 men and 5 women, 41 of the former sex being "Service" or "ex-Service" patients. There are 5 out-county patients chargeable to as many unions.

Two of each sex are now out on trial, and to the best of my belief I have seen all the 286 men and 604 women in residence, and given them an opportunity of speaking with me, and stating any complaint or grievance. With the exception of appeals for discharge I received no complaints as regards the treatment here.

The patients were clean and tidy in their dress and personal appearance, and their conduct and behaviour were orderly and quiet. The day being fine I saw several of the women in the ward gardens, where the paths had been recently renovated and asphalted. On the male side I visited most of the wards during the dinner hour, and found the men partaking of a good dinner of meat pudding with potatoes and cabbage, followed by tapioca or rice pudding. As suggested by my colleague the porridge at breakfast is now served with cold milk.

The total accommodation in the hospital as returned to me, and taking into account the two male wards A1 and A2 transferred to the female side, but not counting the 22 single rooms lately in the occupation of the female nurses, is for 306 males by day and night, and for 607 females by day and 605 by night. There are therefore but 20 vacancies for men, and the female division is full.

The weekly maintenance charge for the home patients, both rate-aided and private, is 23s. 4d., and that for the out-county private patients 28s. 7d., whilst the average weekly maintenance cost as last ascertained was 25s. 6.636d.

The wards and dormitories with the single rooms were tidy and well-kept, the beds and bedding clean, sufficient and well arranged.

There was a good supply of books in the cases in the wards. No change has been made in the system of collecting the patients' correspondence from the letter boxes, and I agree with my colleague that this should be done by a senior officer.

The physical drill class has not yet been extended to the women, but they have a class for raffia work once a week in the afternoon when three lady visitors attend to help in the instruction, and the work is further carried on on five evenings in the week.

The health of the institution has been good throughout the winter. The only cases of infective disorders were three of dysentery on the female side. There are now suffering from tuberculosis in an active form three men and five women. During my tour of the wards I found 62 men and 101 women confined to bed. None were seriously ill, and the majority were there on account of their mental condition, or from the infirmity of old age, the latter especially on the female side. No further supply of bed-tables has been made, and I am sure they would be appreciated if there were more of them. Each infirmary way now has a hospital trolley for dressings. In some of the dormitories the area labels are missing.

The death-rate for the last year was 9.72 per cent. for males, 7.32 per

cent. for females, or 8.11 for both sexes, as compared with the mean rates for all mental hospitals of 8.4 per cent. for males, and 7.7 for females, or 8 per cent. for both sexes.

With one exception all the 62 deaths since the last visit were from natural causes verified in 44 instances by post-mortem examination. The excepted death was one where the cause was empyema associated with a fractured rib. In this and three other cases the coroner held inquests.

The principal causes of death were heart disease, chiefly in senile patients, 25, tuberculosis in 8, general paralysis and organic brain disease in 3 each.

There were three serious casualties involving fractures of bones, but none in which the staff were concerned.

There has been no use of mechanical restraint in any form. Seclusion has been resorted to for 10 men for a total of 3,150 hours, and for 65 women for 10,593 hours.

Parole beyond the estate is given to 8 of each sex, and 26 men have that privilege within the grounds.

The principal improvement completed since the last report is that of the nurses' home, which was opened for use at the beginning of this year. I visited it and saw the excellent accommodation which it provides for 56 members of the female staff. Each bedroom is fitted with a gas stove, to which the supply of gas can be provided through a meter for 1s. at a time.

Besides recreation rooms there is a good lecture room which can be used by both male and female nurses.

The present nursing staff is as follows:—

	Males.	Females.	Total.
Charge	7	11	18
Ordinary	57	80	137
Night	4	9	13
Certificated	22	26	48
Passed preliminary examination only	16	8	24

I visited Highfield Hall, where the alterations and renovations are nearly completed. It will give very good and comfortable accommodation for private patients, and it is at first proposed to use it for some 20 female patients of that class.

Now in progress is the conversion of the dairy and bacon rooms into a cold storage for meat, milk, etc.

Some internal decoration of the hospital is also being done.

Dr. Kimber has the assistance of Dr. E. D. T. Roberts as deputy superintendent, and Dr. Andrew Shepherd and Dr. Annie M. McGrath as assistant medical officers, the latter acting also as pathologist. Mr. T. B. Layton, the ear, nose and throat surgeon, attends monthly, and has carried out this year six operations. The dental surgeon, Mr. A. H. Miller, attends once a fortnight.

Kent Mental Hospitals.—1. Barming Heath.

December 17th, 1930.

Since two of our colleagues visited this hospital in July of last year a great deal of important work has been completed. The cinema operating box has been placed outside the recreation hall, six new fire escape staircases have been erected, w.c. doors have been fixed throughout the hospital, a new hot water system has been placed in the old building, a capital occupation centre for female patients has been completed, and windows which can be lowered into the wall below the window frames have been

fitted in the female solarium. The electric light has been installed in most of the hospital and is proving a great boon, and advantage has been taken at the same time to make use of the current for heating a hot plate and plate-warming cupboard in every ward. These appliances are not yet fixed everywhere, but some are already in use and cannot but add enormously to the comfort of the patients in enabling the food to be served really hot and in appetising form. Another admirable plan which we noticed was the arrangement by which in addition to the light in the side rooms, a portable lamp can be used if at any time a special examination is required in the side rooms; in addition to the side rooms the portable lamps can be used in the dormitories enabling special examinations to be made there and also enabling the night nurse on duty to have a proper light without any inconvenience to the patients. There can be no doubt that the electric installation has done much to improve the usefulness and efficiency of the hospital.

Various alterations have been made and are contemplated in the ward gardens; for instance, the female occupation centre and the planting of shrubs and plants round it has converted, or rather will convert, when the shrubs have grown, the Back Court from a somewhat grim prison-like yard into an attractive garden. These are only some of the improvements noted, but space will not allow us to enumerate all.

With regard to the suggestions made by our colleagues last year it is most satisfactory to find that careful consideration has been given to them all with, we are sure, very beneficial results.

We found the patients very happy and contented, very ready to talk and very free from complaints. We were pleased to note the very friendly atmosphere that exists here between the medical and nursing staff and the patients. We gave private interviews to such patients as desired them, and endeavoured to give every patient an opportunity of talking to us. We found the hospital well-maintained, but redecoration has very properly been delayed until all the old gas fittings have been removed.

In the course of our inspection we have seen one or two rooms in or adjoining a ward which have been admirably converted into clinical rooms. Such clinical rooms, which in a mental hospital have the place and importance of the consulting room of a physician in outside practice, are so valuable for the private and undistracted examination of patients who are not confined to bed, that we are very glad to hear that further provision of this kind is being made.

When inspecting the medicine cupboards and poison cupboards it was pointed out to us that every poison bottle has a label on it with the antidote printed on it, and directions to the nurse what to prepare and what to give after sending for the doctor. This appears to us to be an admirable plan which might be copied largely.

We were pleased to see that the bird cages are well filled, as they are a source of great interest to some patients.

We are very glad to note that occupation therapy continues to flourish and grow, and that patients of the most unpromising kind are induced to do something. It is work that must at times be a little discouraging, but the occupation officers on both sides of the hospital and those working under them can have the satisfaction of knowing that their work is of the utmost value and importance.

Very nice bright coloured cardigan jackets are issued to some of the old ladies and were much appreciated by them, and we thought that generally the patients were nicely and suitably clothed and shod, but we do hope the Committee will issue to all male patients either nightshirts or pyjamas. We do not care much whether they are used to them or not; we believe that they can be taught to appreciate them here as elsewhere, and we are sure that it is more cleanly and hygienic to change into night clothing.

There are now on the books of the hospital the names of 1,942 patients—751 men and 1,191 women. Three men and five women are out on trial, leaving in residence 1,934. Two hundred and twenty-five patients have been allowed out on trial, money allowances being granted in twenty-three cases. There are no private patients other than the “Service” and “ex-Service” patients, who number 62 and 4 respectively. The hospital is over full, there being an excess of 44 females over the day accommodation and of one man and 11 women over the night accommodation. Taking into consideration the existing pressure on the provided accommodation, which is likely to become accentuated with the growth of population and also bearing in mind the probable effects of the new Mental Treatment Act which permits the treatment in a public mental hospital of patients at an earlier and more favourable stage of their illness than heretofore, we feel very strongly that to make this hospital thoroughly efficient to meet the new and increasing needs, not merely new accommodation, but accommodation of a separate kind, will be required in the near future. In our view this should take the shape of a new and separate admission hospital for both male and female patients, with ancillary villa accommodation. We hope that the Committee will give this their anxious attention. If and when they formulate plans we would suggest that they incorporate in them the provision of a new and up-to-date operating theatre and sub-departments for diathermy, dental surgery, and some provision for the special examination of eye, ear, nose and throat.

The weekly maintenance charge per head is 20s. 5d., the maintenance cost being 20s. 5d.

Some revision of the parole rules has taken place, and about 69 men and 10 women have full parole and 108 men and 90 women have parole of the grounds.

The present staff of nurses is as follows:—

						Males.	Females.	Total.
Charge	-	-	-	-	-	12	17	29
Ordinary	-	-	-	-	-	64	108	172
Night	-	-	-	-	-	15	26	41

Seventeen female nurses are employed on the male side.

Forty-seven men and 49 women are certificated or registered as mental nurses, and 13 and 24 respectively have passed the preliminary examination.

The mortality rate for the year ended December 31st last was 8·3 per cent. for the male and 7·2 per cent. for the female patients, or 7·6 per cent. for the combined sexes, calculated on the average number daily resident.

Since the last visit of our colleagues 51 males and 110 females, or 161 in all have died. Five of these deaths were the subjects of coroners' inquests. In two cases, both females, death was due to suicide whilst the patients were at home on leave or trial; in two cases death was due to natural causes, and in the last case death was due to misadventure in circumstances which were fully communicated to our Board at the time. All of the remaining 157 deaths were due to natural causes, confirmed in no less than 150 cases by post-mortem examinations.

During the same period 10 serious but non-fatal casualties involving fractures or dislocations of bones have occurred, all due to accidental falls or, in a few cases, to pushes by fellow patients. One further serious casualty, extensive burns on the body, were caused by the patient herself, who succeeded in setting fire to her clothing, apparently with suicidal intent, though not previously so regarded.

The general health has been good throughout the period under review. Only 2 cases of influenza have occurred, and no case of enteric fever, but there have been 8 cases of dysentery, practically confined to the Farm villa on the female side and ward 10 on the male side.

There are at present 15 (5 male and 10 female) patients under treatment for tuberculosis.

As a result of our inspection of the hospital and infirmary wards, during which we gave particular attention to the sick and infirm and those in bed, we have been very favourably impressed by the bright and cheerful appearance of these wards; by the excellent arrangements for the methodical examination and expert treatment of the patients, and in a marked degree by the high standard of nursing here.

We have discussed at some length with Dr. Hancock the present practice of sending almost all pathological specimens to the County pathologist for examination and report. We feel assured that the arrangement provides the hospital staff with full and exact expert reports; but, so sure are we that the presence of an actively functioning pathological laboratory within a hospital, adequately equipped and staffed, is so much readier of recourse than an outside laboratory can be, and so stimulates the beneficial interaction of clinical work in the wards and methodical pathological investigation and tests, that we express our hope that the pathological laboratory here may be developed sufficiently to include all routine tests, leaving investigations outside the competence of the hospital laboratory to be dealt with by the County pathologist.

We are very pleased to learn that by permission of the West Kent General Hospital and with the approval and co-operation of its staff, an Out-patient department in psychiatry will be opened by Dr. Hancock at the hospital to-morrow. So fully persuaded are we as to the great value of such departments that we hope this movement will be extended to other centres in West Kent in addition to Out-patient facilities now afforded in the mental hospital itself. We congratulate Dr. Hancock on his appointment on the honorary staff of the West Kent Hospital.

Our visit here yesterday and to-day has been a satisfactory, interesting and pleasant one.

Kent Mental Hospitals.—2. Chartham.

December 15th, 1930.

It is nearly 17 months since two of our colleagues visited this hospital, and during that time 427 patients—186 men and 241 women have been admitted. There are now on the books of the hospital the names of 676 men and 726 women, but 5 men and 12 women are now out on trial and 5 men and 2 women are boarded-out under s. 57, leaving actually in residence to-day 1,378 patients. A large number of patients, 166, have been allowed out on trial to test their fitness for discharge, money allowances being granted in 43 cases.

There are 56 men and 15 women classed as private patients, 41 of the former sex being "Service" and 7 "ex-Service" patients, out-county patients number 10.

The weekly maintenance charge per head is 20s. 5d. for home and 35s. for private patients, the average weekly maintenance cost as last ascertained being 22s. 6 4/8d.

Seventy-two men and 13 women are allowed parole beyond the estate, and 67 men and 1 woman have parole within the estate.

Two female wards and one male ward are open to the corridor and to the ward gardens and 3 male wards are open to the ward gardens.

The figures given to us to-day show that there is overcrowding on the female side by 36, reckoned on the day accommodation, and that there is very little margin on the male side. This is a serious matter which has no doubt engaged the attention of the Committee. This scarcity of available beds must to a certain extent affect the proper classification of the patients, a matter which is vitally important in a hospital of this sort. We understand that a nurses' home is being built, but that this in itself will not be sufficient even to free the present quarters, now being used by

nurses, for their original purpose of patients' accommodation. In these circumstances we venture to suggest the desirability, particularly having regard to the provisions of the Mental Treatment Act, of erecting an admission hospital with adjacent convalescent villas, an addition which we think is really necessary in a hospital of this size and importance if it is to keep itself abreast of modern requirements.

Besides the nurses' home mentioned above, another important work now in progress is the making of a new storage reservoir for the hospital. Since the last visit some important works have been completed, namely the operating theatre, to which we allude below; a milk-cooling plant attached to the Pasteurizer, an extension of the power plant, and improvements in the hair-picking room.

We found the wards and dormitories clean and well-ventilated. Much improvement in the lighting of dark corners and passages has taken place owing to redecoration in light-coloured paint.

We made enquiries as to the storage of films and used and unused photographic plates and were told that cinema films are only kept for one night and then sent away, and that the plates are kept in metal boxes.

Wireless has now been installed in nearly every ward, and it is hoped that the installation will be complete by Christmas.

We were very glad to hear that each patient is provided daily with a clean towel, but we feel strongly that the male patients, and not the "Service" patients only, should all have night shirts or pyjamas. The argument that they are not used to them and won't wear them does not carry much weight with us, as we know from experience in similar hospitals with patients of the same sort in agricultural districts, that it is only a matter of teaching, and that they can be taught not only to wear but to appreciate night clothes.

Many of the wards were being very prettily decorated for Christmas. We were very glad to see the capital stock of books in every ward and the number of patients we saw engaged in reading shows how important it is to keep the shelves well stocked. We saw some work done by the patients under the guidance of the occupation officer, and we were particularly glad to know that classes are held in the worst as well as in the best wards.

We saw a number of defectives both on the male and female side, some of whom appeared to be trainable and indeed were to an extent being trained, but we felt strongly that such as are trainable should be transferred from here as soon as possible.

The patients were very quiet and orderly, nicely clothed, and free from complaints. We thought that the appearance of the men would be much improved if a steam clothes press were added to the equipment of the hospital and the clothes pressed after washing.

The mortality rate for the year ended December 31st last was 11.52 per cent. (males 8.99 per cent., females 13.93 per cent., calculated on the average number daily resident. Since our colleagues' visit of last year 71 male and 99 female patients have died. Eleven of the deaths were the subjects of coroners' inquests. In 3 of these the patient had committed suicide, in one of these death occurred two days after admission as the result of wounds self-inflicted prior to admission. In another, the patient died from poisoning by lysol which she had succeeded in purchasing while out of hospital in care of a relative, and in the third case the patient hanged himself in the boot room of the ward. In the remaining 8 cases death was found to be due either to natural causes or had been accelerated by fractures of bones due to accidental falls. With the exception of the above all the remaining deaths were due to natural causes, confirmed in 124 by post-mortem examination. The principal causes of death were as follows: in 14 to general paralysis, in 5 to epilepsy, in 13 to organic heart disease, in 5 to maniacal or melancholic exhaustion, in 69 to heart disease, in 14 to tuberculosis, in 10 to kidney disease, and in 9 to malignant disease in various organs.

During the period under review 15 casualties involving fractures or dislocation of bones and two other minor casualties having occurred, nearly all due to accidental falls, though a few were due to pushes from other patients or their own impulsive acts.

The general health appears to have been good, and although 8 cases of influenza occurred, the hospital continues to be entirely free from either dysentery or enteric fever. There are at present only 11 cases under treatment for tuberculosis.

As a result of our inspection of the wards for the sick and infirm and of the admission wards we are satisfied that the patients are in receipt of skilled medical treatment and capable nursing, and are supplied with every proper comfort. We were especially pleased with the evidences of individual care and attention to even the least promising cases in the wards for the acute and chronic.

The hospital is now equipped with a modern operating theatre with its adjoining anæsthetic room, and also a small department for use by the dental, ophthalmic, and ear, nose, and throat specialists, wherein excellent work is done. The pathological laboratory had workmen in it at our visit to-day, but we saw enough to be assured that this is an active and growing department and of much value in assisting and checking the clinical work carried out in the wards.

Lancashire Mental Hospitals.—1. Lancaster.

February 10th, 1930.

Some work of importance has been carried out since the last visit. The bakery has been re-arranged and equipped with some up-to-date appliances, including a "Wicksteed" bread and butter machine electrically driven and a two tier draw plate oven, a new scullery has been added at the main building kitchen. New lavatories and bath room have been constructed in connection with ward 14, the work appeared to us to have been exceedingly well-planned and carried out, and these alterations have greatly added to the amenities of the ward. The provision of a ward scullery is in progress for the convenience of this ward and the sports and football ground referred to in the last entry are nearing completion.

We are glad to learn that the construction of fresh lavatory accommodation is in contemplation at ward 13 as well as the extension of the sewing room, but realising as we all do how very important is the employment and occupation of patients, we suggest that the Committee should at the same time consider the advisability of providing a building where handicrafts could be taught; the building to be conducted as a separate unit from the sewing room—patients instructed at this centre and in work of this character could extend their occupations into the wards and encourage others to join them and suitably employ themselves.

New machinery has been added to the laundry including a "Twin Rapid" press and two "Glad" irons, the annexe dining hall has been thoroughly and tastefully renovated and decorated and a steam jet has been fixed in the foul laundry for sterilizing the foul linen bins.

Numbers of tooth brushes have been provided but we think some further consideration must be given to the manner in which they are kept in the lavatories so as to ensure that each patient gets his or her own brush and to prevent contamination by contact. We think, that there is still room for an increase in the number of books and cheaply bound periodicals, but we fully recognise the improvement and the evident attention which is being given to the distribution of literature throughout the hospital.

We are satisfied that the patients are very well cared for and that their interests and well-being are carefully considered by Dr. Sephton and his staff—all that can be is being done for their comfort and good treatment, but although we fully recognise how much financial considerations must of necessity weigh, it is only by the addition of a properly equipped

admission hospital with auxiliary convalescent homes that it will be possible to treat and classify patients in accordance with the latest and best recognised methods. In this connection and as an illustration, we might mention that on visiting the female admission ward No. 24, we saw in the upstairs dormitory 13 patients confined to bed, all of whom would benefit from open-air treatment—in the absence of verandah accommodation such treatment is impossible.

As a result of changes amongst the patients since January 26th, 1929, there are on the books 923 males and 1,770 females, in all 2,693—two patients are on trial, leaving in residence 2,691.

As many as 68 patients have been dealt with under s. 79, but only 32 have been allowed on trial—this is a means of testing a patient's stability and fitness for non-institutional life and is one which we should like to see encouraged, and though we note that no money allowances were granted under s. 55 we hope that this matter is not lost sight of.

The number of private patients is 415—including 52 "Service" and 14 "ex-Service." There are but 14 out-county patients.

According to the returns made to us there is vacant day accommodation for 122 males, but on the women's side there is an excess of 54 patients.

The maintenance rate for home patients is 19s. 6d. per week and for private patients from 24s. 6d.—35s.

We visited the treatment centre which was established when Dr. Cassidy was the medical superintendent.

In it are contained, besides lecture theatre, a dental room, operating theatre and rooms for X-ray work, ultra violet light and electro-therapy. It is highly satisfactory to see such provision and a perusal of the list of treatments, which we asked to be shown us, indicates that good work is going on in this unit. We, however, learnt with no small surprise that, apart from a few patients who visit a dentist in Lancaster, the dental work is performed by one of the resident medical officers—whereas we know that in a hospital of this size there must be enough work, not only desirable but necessary, to absorb the time of at least two visits a week from a dentist. With like surprise we also learnt that X-ray work, massage and the giving of electric and artificial light treatment is in the main supervised and done by the sister tutor. We are satisfied that in connection with a nursing staff of 425, the training of the probationers and the giving of advanced instruction to senior nurses must more than absorb the full time of a sister tutor. Even were the sister tutor relieved of work at the treatment centre and another officer appointed to carry out these duties, we doubt if she, without assistance, would suffice if really full advantage is to be taken of this very important centre of treatment.

We saw the 335 patients (120 men, 215 women) under treatment in bed, that is about 12 per cent. of the total in residence. We made some enquiry as to each of these cases and discussed some of them with the respective medical officers in charge; we are well satisfied with the standard of nursing and the degree of medical attention of which they are in receipt.

We also spent considerable time in the laboratory, and it is especially satisfactory to find how regular is its use in aid of diagnosis and treatment; indeed the relative work which is done in connection with every new admission has been planned so comprehensively that it can fairly claim to rank as research. If, therefore, there are one or two items of equipment whose lack is felt, as we thought to be the case, we hope that sympathetic consideration will be given to their provision. In this department a well lit extension has been built so as to increase the capacity of the museum.

There were a considerable number (108) cases of influenza last March and April; 4 of erysipelas, one of dysentery and three of enteric fever. In connection with the last named disease of which, besides the three last year, there were no cases in 1928 and 4 in 1929, a great deal of painstaking work has been and continues in progress. The results have been carefully noted with a view to segregating all "carriers" and as many of

those whose sera are positive and seem to show any likelihood of proving to be "carriers." The numbers have permitted this segregation to be carried out with completeness on the female side, and we hope Dr. Sephton, whose difficulties in the matter we appreciate, will be able to effect the same for the men.

The death-rate during 1929 was 7 per cent. of the total patients in residence—the male and female percentages being respectively 7·7 per cent. and 6·6 per cent.

The 69 male and 118 female deaths during the trifle more than twelve months under review have been all from natural causes, with the exception of the case of a man who, while on parole, was found drowned. They have been followed by post-mortem examinations in 42 per cent., a proportion which endeavour is being made to increase and as to which we have had some discussion. Tuberculosis was the cause in 12 per cent. of the deaths; the number of tuberculosis cases now in the hospital is 4 on the men's side and 5 on the women's side.

Cases of fracture or dislocation have numbered 12, one occurred during an attempt to abscond, otherwise they were all the result of accidental falls.

Mindful of the high importance of properly organised Out-patient treatment for cure of mental illness, preferably at a general hospital, both to secure early treatment and in connection with certain lines of treatment after discharge, we have discussed the matter with Dr. Sephton; we trust he may receive every assistance and that he will succeed in bringing such a scheme into action.

We were extremely well pleased with the manner in which the hospital is administered by Dr. Sephton, with the assistance of Dr. Silverston the deputy superintendent, and his other colleagues.

Lancashire Mental Hospitals.—2. Rainhill.

February 14th, 1930.

In so far as the general condition of the hospital and the interest in and attention to the treatment, welfare and care of the patients is concerned, it will suffice to say that we were very well pleased with all that we saw during the course of our visit, except the arrangements for the admission of new patients. These arrangements are in no way due to the manner in which the hospital is administered, which we thought in every way admirable, but to the fact that there is no adequate means at the hospital for dealing with this matter in accordance with the best views. Until this important hospital is provided with an up-to-date admission hospital, this defect cannot be remedied, and we trust we are not too sanguine in expressing a hope that in the near future suitable and adequate accommodation for these cases will be provided.

The conversion of a portion of the old laundry at the main building into a ward with suitable amenities for some thirty female parole patients has been extremely well carried out, and we understand that it is contemplated dealing with ward 7 on the male side in a similar manner, so as to provide additional day room space for 19 patients.

In the annexe a great improvement in the ventilation of the single rooms has been effected by replacing the old single sashes with double hung sashes and, in the kitchens, gas ovens fixed with Cox's Ignite Gas Combustors have been added to the apparatus and are, we understand, proving effective and economical.

Attention is being given to the provision of a larger number of books, and especially of cheaply-bound illustrated papers for use throughout the wards, a by no means unimportant item in connection with the contentment and well-being of the patients.

The conversion of the old main laundry into general stores and an occupation room is in progress. The full employment of patients, not only

those who can be at work out of doors, but of those who can usefully occupy themselves in the building, is so desirable in their treatment that we welcome this addition to the occupational facilities, and hope that when this room is completed handicraft will be taken in hand and will form a prominent feature throughout the institution.

In contemplation is the erection of a new house for the medical superintendent (sketch plans have been provisionally approved) and the conversion of the present house into accommodation for 30 female convalescents.

Further important work which will be soon taken in hand is the conversion of the main stores into general offices, operating theatre, and X-ray room. The conversion of the annexe stores into female nurses' recreation room and study and a new heating and hot water installation at the annexe, which should greatly add to the patients' comfort.

As a result of the changes amongst the patients since May 16th, 1929, there are on the books 2,607 patients—males 1,255, females 1,352; including 150 classed as private of whom 130 are "Service" and 18 are "ex-Service." There are only 5 out-county patients. Those on trial number 15, so that there are in residence 1,247 males and 1,345 females, in all 2,592.

We are glad to hear that the question of granting allowances to patients going on trial is carefully considered in each instance, and that a grant is made in all suitable cases.

Parole is allowed to 13 per cent. of the men and to 6 per cent. of the women. We note with some apprehension that there is on the male side an excess of 169, and on the female side of 196, that is, an overcrowding to the extent of 14 per cent. beyond the day space provided.

The day space in female ward 17—main building—struck us as insufficient, and consisting of only one large room, as not very suitable for the class of patient warded there. The ward contained 119 patients, whereas the floor area provides space (even on the basis of 40 sq. feet per patient) for only 86. We are glad to know that Dr. Reeve has in mind some suggestions for the sub-division of this ward.

The maintenance rate for home patients is 19s. 3d.

There has been no mechanical restraint.

Exclusive of 15 sub-officers, 77 per cent. of the 144 male nurses and 34 per cent. of the 206 female nurses are certificated or registered as mental nurses; these are highly creditable proportions.

We found 109 men and 141 women in bed; equivalent to 9.5 per cent. of the total in residence. Our enquiries into each of these cases, with discussion upon a number of them, left us no room for doubt that the standard of their nursing is good and that, as heretofore, the aid of the laboratory is systematically employed, both for diagnosis and treatment. Of these cases in bed, some 114 were in one or other of the solaria, of which there are about a dozen.

In the laboratory we spent considerable time, and were interested in having explained to us by Dr. Reeve and Dr. Pool several lines of clearly valuable research which is being pursued there.

The death-rate during 1929 was 8.4 per cent. of the average number resident; the male and female percentages being respectively 10.3 per cent. and 6.7 per cent.

Deaths during the nine months under review have been 81 on the male and 53 on the female side—followed by post-mortem examination in 58 per cent. of these cases. Among the deaths was the suicide of a patient whilst on trial; otherwise all were from natural causes.

Tuberculosis was the cause of death in 20 males and 12 females—that is, in 23 per cent. of the total deaths. This is now-a-days a very high proportion. We hope that close attention will be given to this incidence, including wards where overcrowding exists; and because of it, we are the more glad to learn of the augmentation to the heating plant about to be put in hand and of improvements, about referred to, in the ventilation of the annexe single rooms.

We would urge, too, that effort be made to secure effective open-air treatment, both to tuberculosis cases and to others in which the disease is at all suspected. In comparing the above proportion with the percentages found elsewhere, it is only right, however, to emphasise the fact that microscopic examination of organs and smears is made here as a matter of routine, and that cases are found to have been tuberculosis which, but for this examination, would not have been thus recorded.

We made enquiries as to some 3 or 4 cases whose condition was such that, were there a local after-care association in existence, their help might well be asked as a means to obtaining them work and by their kindly supervision tend to rehabilitate and so enable them to live away from institutional care.

The conversation we had about these cases led us on to the question of where and how best to establish Out-patient treatment for cases of mental disorder. The need of this provision, we feel sure, is going to become more acute, and it will deserve careful consideration.

In connection with the dietary, we were interested to learn that, by way of increasing the vitamin value of the bread, a preparation known as "Yestamin" is being used in its making.

There have been only two cases of fracture; one was the result of an accidental fall and the other occurred during a struggle, the circumstances of which were fully enquired into by the Committee and were reported to our Office at the time.

Lancashire Mental Hospitals.—3. Prestwich.

October 21st, 1930.

As doubtless has been said upon other occasions, this old-established hospital, opened as it was so far back as 1851, has many drawbacks. Its administration, in the light of modern requirements, presents difficulties which are not easily overcome, but our visit has satisfied us that Dr. Blair, with the aid of his Committee, is earnestly endeavouring by adaptations and improvements to advance the welfare and the interests of his patients. The general content of the inmates is evident—we could not but be struck with it in our passage through the wards, and in the course of our conversations with the patients. That of itself says much in relation to an establishment so large and with patients so varied in type and character. The diet appears to be good, the patients presented a well-nourished appearance, and active endeavour is being made to improve the dresses of the better type of patient both in style and variety and the old pattern of boots is, as occasion offers, being discarded.

Dr. Blair is, we know, fully appreciative of the advantages which are derived from occupations even when simple, and we are glad to see that this form of treatment receives every encouragement from him. We should mention that we were pleased to note the work which is being carried on in the female annexe under the instructions of a trained nurse, in rug-making, raffia, and light occupations, and learn with satisfaction that Dr. Blair hopes shortly to introduce similar activities in the main building.

A considerable amount of redecoration has been effected, many of the wards have been made more attractive by the placing of decorative pictures on the walls, the ventilation of some wards has been greatly improved; at the male infirmary a new verandah has been erected, and it proposed to add one to the infirmary of the female annexe.

The laundry at the main building, which now does the whole of the hospital washing, has been reorganised and supplied with new appliances, the kitchen at the annexe has been modernised and supplied with an installation of electric rotary ovens and hot-plates as well as a refrigerator, a steam disinfecting plant has been installed, and the church has been restored consequent upon its damage by fire.

A new fire station is in course of construction, and new water mains and the modernisation of the fire appliances are in contemplation.

We must not omit to mention that a new drainage scheme, with adaptation of the disused annexe laundry for patients during the progress of the work has received provisional approval. This scheme, it may be noted, allows for future adaptation of the wards. It is a scheme which has for long been contemplated, and we hope that soon it will be an accomplished fact.

The foregoing points to the general spirit of progress which prevails in the management of this important hospital.

As a result of the changes amongst the patients since the last visit in November, 1929, including 150 discharges, of whom 110 had recovered, there are on the books 1,299 males and 1,452 females, 281 of whom, inclusive of 238 "Service" patients, are classed as private. Those allowed on trial number 47. There are now 4 patients on trial, leaving in residence 2,747—males 1,296, females 1,451. The hospital is, according to the numbers supplied to us, full.

The maintenance rate for home patients is 19s. 3d. and for private patients from 25s. to 42s.

Parole is allowed to 55 men beyond the estate, and 127 men and 42 women have parole within the estate boundaries, while some have garden parole.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	17	17	34
Ordinary - - - - -	160	165	325
Night - - - - -	27	34	61
Certificated or registered - -	84	12	96

Since the last visit 136 patients have died and, with two exceptions, all died from natural causes. The most important causes of death were heart disease (40 cases), tuberculosis (23), and general paralysis (22). In three instances the coroner held inquests, and the verdicts were respectively accidental death, misadventure, and natural causes. All these cases were fully reported to our Board at the time, and call for no further comment and no blame was attached to any of the staff.

With regard to epidemic diseases, 4 cases of influenza, 4 of lobar pneumonia, 8 of broncho-pneumonia, and 3 of erysipelas are reported. There was a recrudescence of enteric fever and 9 patients were attacked, with 5 deaths. Nine cases of dysentery occurred, with one death. The greatest care has been taken to ascertain the source of these cases of enteric fever and dysentery. The patients affected, including possible "carriers," have been carefully isolated and at the present time no cases are reported. It illustrates the difficulty of dealing with these cases to note that one woman was found to be a "carrier" of enteric fever who, in common with others, had a year previously been inoculated with anti-typhoid vaccine. There are in the hospital 43 cases of tuberculosis.

We were glad to see the new accommodation at the farm cottage to be devoted to the segregation of male tubercular patients who, in future, will be nursed in an open-air verandah. When this change is made all the tubercular patients will be advantageously nursed.

Twelve serious but non-fatal casualties are reported, all, with one exception, due to accidental falls; one patient fractured his elbow having fallen during a struggle with another patient.

We were interested in hearing that reconstruction of laboratory, post-mortem and viewing rooms, is being contemplated. A great deal of good work is carried on in the laboratory and almost all the assistant medical officers take an active part in clinical pathology.

We are fully satisfied that the patients have full advantage of the recent development of medicine.

In the course of investigating complaints of detention we had occasion to examine many of the case records and found them to be well and carefully kept. It is noteworthy that certain of the medical officers are highly qualified in special departments of medicine.

We are aware that the medical superintendent is encouraged to call in specialists to assist whenever he considers it necessary, and frequently does so, but we think nevertheless, that a hospital of this size and importance should have consulting visiting specialists, who, calling at regular intervals, would see selected patients needing special care.

Lancashire Mental Hospitals.—4. Whittingham.

February 12th, 1930.

Three years have passed since we, as colleagues, last visited this hospital, and we can say, without hesitation, that the progressive spirit in the hospital administration which we noted with so much satisfaction, in the entry which we then made, continues to prevail. The material well-being of the patients is a guiding feature, the wards are well supplied with books and other sources of distraction, out-door occupations receive due attention, and a beginning has been made with handicrafts in the West annexe—for women—where we saw some good results; this is a form of occupation which we hope it will be found possible to increase in this unit, and eventually extend to others, including those on the male side.

The patients in a position to appreciate their surroundings and the care bestowed upon them, appeared to us to be well content, and the practice of allowing parole in all suitable cases no doubt tends to ameliorate the burden of their enforced residence in the hospital. Full parole is in fact allowed to 94, and parole within the estate to 414 patients, so that there is a proportion of 17 per cent. to whom the larger or more restricted freedom is granted.

The hospital is throughout well ordered and the general amusement of the inmates receives every consideration. Since the last visit the laundry has been supplied with new plant and machinery, which is giving satisfactory results, and an installation of new sewage works is now in progress.

Gratifying as it is once more to record our appreciation of the manner in which this hospital is administered by Dr. Clark and his medical staff and to recognise that the classification of the patients is as suitable as existing arrangements permit, we revert once more to the urgent necessity at this hospital for more up-to-date and more modern provision being made for the reception and treatment of newly-admitted cases.

With but few alterations, the "hospital" now made use of for the accommodation of well-behaved and parole patients could be adapted as an admission hospital, and we trust that ere long such a course may be adopted.

In the course of our visit we inspected the administrative and stores department and the provision made for nurses, including their recreation and dining rooms. It seemed evident to us that at some time a scheme should be taken in hand to afford more adequate quarters in connection with the administration and for the erection of a suitable nurses' home. All these matters could be taken into consideration as parts of one large scheme of improvement and we would suggest that if such a course be adopted, the plans for the nurses' home should be prepared with a view eventually to having it as an entirely separate and complete unit. Though possibly in the first instance, and with a view to saving initial expense, only those portions of the home would be erected which were actually essential at the moment.

Since January 24th, 1929, the changes which have taken place amongst the patients leave on the books of the hospital 1,413 males and 1,508 females, in all 2,921—one patient is on leave, so that there are in residence

2,920 patients of whom 146 are private, including 132 "Service" and 10 "ex-Service." The hospital is full.

The weekly maintenance charge for home patients is at present 19s. 3d., and for private patients from 23s. to 30s. There has been no mechanical restraint.

We saw 92 men and 191 women in bed; that is, not quite 10 per cent. of the total in residence. The fact that all but 4 of the men were being nursed in only two of the 17 units for males, and that 90 per cent. of the women in bed were in seven of the 22 units for females, is some indication of the good efforts made to classify the patients on right lines, especially so, when it is remembered that, of the total 39 units, no less than 13 contain over 100 patients (four of them over 140), and a like number contain between 60 and 100 patients. It is impossible to like wards of so large a size; but, without doubt, vigorous efforts are made to do the best with them, and it has been a pleasure to notice the efforts to provide for the creature comforts of the patients. As to the nursing of those in bed, its standard as well as that of the medical attention given to them, is excellent. A considerable number were in bed on the verandahs, and we were particularly glad to find that no attempt is made to push the use of these valuable structures in any way which might endanger their medical purpose for open-air treatment.

The clinical rooms that we saw are good and evidently fully utilised, but they are very few compared with the total number of wards. We should like to see a room, though not necessarily so fully equipped as those now provided, set apart for this purpose in each ward, but we believe that, could it be arranged for all current clinical records to be kept in these rooms, the system would be found a great boon to the medical staff, as well as no small satisfaction to the patients in relation to interviews between them and their respective medical officer.

The laboratory which with its museum, we visited, is maintained, as it should be, as an integral part of the hospital's and medical work. It is obvious, too, that by a good supply of medical literature, etc., efforts are made to keep in touch with scientific work going on elsewhere. All praise is due to the work carried out in this department.

The total death rate during 1929 was 7·7 per cent.—and the male and female percentages being respectively 9 per cent. and 6·5 per cent.

Deaths since our colleagues' visit in January last year have numbered 129 on the male and 100 on the female side. One of them was in connection with a necessary surgical operation, one followed a struggle in the case of a patient with heart disease, and one was a case in which tetanus followed a simple accident. Apart from these three cases—in each of which, as well as in another case, an inquest was held—all the deaths were from natural causes. They were followed by post-mortem examinations in 34 per cent. of the total 229 deaths. There have been some exceptional reasons for the smallness of this proportion; but we hope that every effort will be made to increase it—indeed, at least to double it.

Among the deaths 20 were due to influenza, 41 to influenzal bronchopneumonia, and 21 to pneumonia. These high figures are related to a severe outbreak of influenza (principally in February and March last year) in which 169 patients and 30 staff were attacked. Of enteric and scarlet fevers and dysentery there has been one case of each. Tuberculosis accounted for nearly 7 per cent. of the deaths—a very low proportion—and the number of cases now in the hospital is believed to be 15 (five males—10 females); this low incidence no doubt is part due to the amount of ventilation obtained by unstopping the sashes of the windows.

There have been six cases of fracture and one of scalding. The cause of one of the fractures was unknown; one was the result of a push from a fellow patient, and the others were cases of simple accidents.

The equipment for teaching the nursing staff is excellent, and it is hoped shortly to adapt and to furnish a room as an improved lecture theatre. Praiseworthy efforts in this direction are reflected by the fact that 72 per

cent. of the 193 male and 25 per cent. of the 211 women nurses are either certificated or registered as mental nurses.

The need of Out-patient treatment for mental illness—preferably at a general hospital—is being met by a few localities, as well as the desirability of securing the services of the honorary staff of such an institution as visiting specialists in surgery, gynæcology, etc., at the mental hospital. We have taken the opportunity of discussing such developments with Dr. Clark, and feel sure they will be sympathetically considered by him and his Committee.

We understand that two members of the medical staff—all of whom appeared to us keenly interested in their work—are preparing for the Diploma of Psychological Medicine, a matter nowadays of considerable professional importance. It has occurred to us how greatly such aspirants could be assisted were they either allowed a period of study leave or if arrangements could be made for them in turn to have a period of residence at the mental hospital nearest the University of Manchester.

Lancashire Mental Hospitals.—5. Winwick.

May 9th, 1930.

We have had a very pleasant and satisfactory visit, and without entering into particulars, can say that we found everything in admirable order throughout the hospital. Apart from some appeals for discharge, none of which in our opinion need any action, we had not complaints of any kind and the patients appeared to be well content with their surroundings and treatment.

Dr. Rodgers continues to administer this large institution, with the assistance of his staff, with every regard for the interests and well-being of those under his care, and is supported in his work and his endeavours to keep the work of the hospital up to the standard of modern requirements by his Committee—whom we were so fortunate as to meet, and who evidently take the keenest interest in the upkeep of the hospital and in making the patients as comfortable as the conditions of their enforced detention permit.

We understand that the question of adding an X-ray installation to the resources of the hospital is under consideration and verandahs for the open-air treatment of the tubercular and other suitable cases are in course of construction in connection with male wards 2 and 4, and similar additions are to be effected on the female side, a steam clothes press has been purchased and is proving of great use, and we understand that a "Peerless" mixer and a potato peeler are to be supplied in the kitchen.

All patients are now supplied with night shirts and attention is given to the style and material of the women's dresses, whilst the occupations of the patients, so important an item in their treatment, is kept well in mind.

We might, however, repeat what was said in the report made after a visit in 1927, to which one of us was a party, viz., "That whilst we are satisfied that Dr. Rodgers deals with the classification of his patients as efficiently as the circumstances of this hospital permits, until provision is made by the erection of an admission hospital and convalescent villas for the treatment of new admissions and recoverable cases, it will be impossible to bring this large and well-administered institution into line with the best modern and progressive ideas."

As a result of the changes which have taken place amongst the inmates since January 22nd, 1929, including 62 dealt with under s. 79 of the Lunacy Act, there are, on the books and in residence, 2,240 patients—males, 1,082; females, 1,158.

The out-county patients number 7, and the "Service" and "ex-Service" patients 54.

According to the returns made to us there is on each side overcrowding to the extent of 38, or of 76 in all.

The maintenance rate for home patients is 19s. 3d., and the dietary appeared to be good and ample.

The nursing staff consists of:—

Charge male nurses	-	-	13	Charge female nurses	-	-	16
Ordinary	-	-	121	Ordinary	-	-	120

for day, and 27 male and 32 female nurses for night duty. Those certificated or registered as mental nurses number 97 males and 29 female nurses.

The care and attention given by the nursing staff is excellent, and in the wards generally there appeared to be a pleasant relationship between the patients and nurses.

On enquiry we found there were no cases of bed sores, although there are under care a large number of infirm and bed-ridden cases.

The medical attention is obviously careful and thorough. Examination of the case books shows that the notes are well kept. On discussing individual cases with the medical officers, we found they were well-informed respecting the detail of each patient, and gave us at once all particulars.

Work in the laboratory continues to form a useful part of the hospital's activities.

Since the last visit 208 patients have died. The more common causes of death were heart disease and arterio-sclerosis (64 cases), tuberculosis (23 cases), and bronchitis and pleurisy (28 cases). There was an inquest in the case of one patient who died following a fracture of the skull due to a motor accident prior to admission. The only other case that needs comment is the death of a woman from intestinal obstruction, resulting in perforation and peritonitis. This arose from an accumulation of foreign bodies in the intestine. The patient was examined by the consulting surgeon when the swelling was discovered, who decided against operation. The coroner considered an inquest unnecessary, and the facts of the case were duly reported to our Board at the time.

With regard to epidemic disease, no less than 117 patients are reported to have been attacked with influenza, and three cases of dysentery were reported and five of scarlet fever—none of these were fatal.

At the present time there are no cases of enteric fever or dysentery, but 10 men and 10 women are suffering from tuberculosis.

Since the last visit, 12 cases of injury to bones were reported. Careful and detailed reports of the circumstances of all these cases were submitted to us. Only one of these cases calls for any mention—a case in which the Visiting Committee held a special enquiry on the injury, consisting of two broken ribs, which occurred in the course of a struggle with an attendant. The Committee were satisfied that there was no attempt to abuse or hurt the patient, and no undue force was used. This patient has since been discharged as recovered, and we are informed he had no complaint to make against the attendant in question. We should like to remark on the great care taken by the medical superintendent thoroughly to investigate every accident of this nature.

Leicestershire and Rutland Mental Hospital.

February 13th, 1930.

Dr. Rothsay Stewart, who for so many years has held the post of medical superintendent, informed me that he has resigned his office and will be leaving in a few months' time to live in retirement. On behalf of my Board I would wish him good health and many happy years in which to enjoy a well-earned rest from his arduous duties.

Under these circumstances I propose only to say that I found the patients to be most contented and free from complaint, and that I was

satisfied that they are well-cared for, and most kindly treated. I am sure one and all of them will much miss Dr. Stewart when he leaves.

There are certain ways in which I thought improvements could be effected, but I considered it better to leave these until Dr. Stewart's successor has taken up his duties, and made himself thoroughly acquainted with all the conditions of the hospital.

One matter I might perhaps mention is the absence of a cinema apparatus in connection with the recreation hall. This has been found in many mental hospitals to give the greatest joy to the patients, and I hope the Committee will consider its installation at an early date.

Among the improvements which have been undertaken since the last visit are the laying down of hard tennis courts for the staff, and the repainting of the female corridor, the laundry, and female ward 1, and the provision of plate-warmers in the ward sculleries. These warmers, however, are not considered to be safe, and so far have not been used. The repainting of the male corridor, reflooring of wards, and asphaltting the ward gardens are now in progress.

I found the hospital generally to be well-maintained, and the patients' quarters, including day-rooms, dormitories, and their annexes, to be beautifully clean and well-kept.

The patients' health has been good, and, except for a few cases of influenza in February and March last, none of which proved fatal, there has been no epidemic in the hospital. Few are in bed to-day on account of sickness, and I was glad to see that some of them are being nursed on the excellent verandahs in the open air. Only three men and one woman are known to be suffering from tuberculosis in an acute form.

With one exception, in which a death was associated with a fractured femur accidentally caused, all the 62 deaths were due to natural causes; the causes being verified by post-mortem examinations in all but 10 instances, an excellent proportion. The death rate for 1929 was 7·6 per cent. for men; 8·6 per cent. for women; and 8·2 per cent. for the two sexes, the rate for the two sexes closely approximating the mean rate for all mental hospitals.

The only inquest held was concerning the excepted death mentioned above.

The changes among the patients since the last visit, just a year ago, leave on the books the names of 725 patients, 329 men and 396 women, and I believe I saw all of these to-day. These numbers mean that the hospital is over-crowded on the male side by 17 patients, and on the female side by 12, a circumstance that must cause the Committee some anxiety. The private patients number 34 men and 28 women, 21 of the former being "Service" or "ex-Service" patients, and only two patients, one of each sex, are chargeable to out-county unions.

The maintenance charges are 19s. 3d. a week for home, and up to £2 12s. for private patients.

The staff consists of 32 men and 37 women for day, and of 5 of each sex for night duty. Twenty men and twelve women are certificated or registered as mental nurses, and 9 of the former and 4 of the latter have passed the preliminary examination for the certificate.

Dr. Stewart has as his assistants Drs. Craig and McLaughlin, and is empowered to call in expert advice from the staff of the Leicester Royal Infirmary when necessary.

Lincolnshire Mental Hospitals.—1. Bracebridge.

October 16th, 1930.

I have to-day concluded the inspection of this hospital, which I commenced yesterday. I unfortunately have not had the company of Dr. Macarthur during my visit, as he is away on his annual leave, but I have been accompanied throughout by the deputy superintendent, Dr. F. L.

Scott, who has given me every assistance. He has a good knowledge of the patients, and of the general work of the institution.

Since my colleagues' visit ten months ago, the following numerical changes have taken place:—

	Males.	Females.	Total.
Admitted - - - - -	77	105	182
Transferred to other care - -	5	5	10
Discharged from reception Order -	25	41	66
of whom had recovered - -	16	29	45
of whom dealt with under s. 79 -	9	11	20
Allowed out on trial - - -	17	33	50
Died - - - - -	36	57	93

I notice that money allowance was granted only to one patient whilst out on trial. I hope the Committee will make full use of their powers under s. 55 of the Lunacy Act to grant these allowances, which are often very necessary during convalescence to relieve patients' anxiety whilst endeavouring to obtain work again.

The changes recorded above leave on the statutory books the names of 1,218 patients in the proportion of 530 males to 688 females. Ten of each sex are now out on trial, and three women are boarded out under the provisions of s. 57. There are, therefore, resident in the hospital 1,195 patients—520 males and 675 females. The average number resident during the year ended December 31st last was 504 males and 668 females—total, 1,172. During the earlier part of this year the two villas, Lindsey House (males) and Holland Villa (females) were opened for occupation; each have accommodation for 60 patients.

The total accommodation in the hospital, including Red Hall and Bracebridge Hall, is now for 546 males and 702 females by day, and for 513 males and 687 females by night. On these figures there is therefore an excess of 17 males and one female by night. Lindsey House has only 40 and Holland Villa only 30 patients at present, so that there is still some overcrowding in the main building.

I understand that the question of the provision of the admission hospital, with the extensions to the boiler house and engineering department, is held up for the present by one of the constituent authorities not having agreed to provide the necessary funds. I hope this matter will soon be settled and the plans submitted to my Board for the statutory approval of the Minister of Health.

Private patients number 43, all with one exception of the "Service" or "ex-Service" class of male patients. There are only two out-county patients, both women.

The weekly maintenance charge for the county patients is 20s. 6d., the average weekly cost, as last ascertained, being 20s. 5½d.

To the best of my belief I have seen during the course of my visit to the wards, grounds and working departments, all the patients in residence, and given them an opportunity of speaking with me, and giving expression to any of their grievances. Apart from some appeals for discharge I received no kind of complaint as to their treatment, and the patients of both sexes were quiet, well-behaved and contented with their surroundings. Their dress and personal appearance were satisfactory.

Parole beyond the estate is given to 40 men and one woman, and 60 men and 3 women have that privilege within the grounds. At present only one villa, Lindsey House, is administered upon the open-door principle. I hope it will be possible to extend this to the other villa.

The two new villas give very good and homely accommodation. They are nicely furnished, and residence there is much appreciated by the patients. Lindsey House is used as a club ward and some 20 of the men from the main building are taken across there on certain evenings of the

week. Some members of the local Toc H. Association go there twice a week to help entertain the patients.

I suggest that in these two villas, and also in some other wards, where the better behaved patients are accommodated, lockers should be provided in which patients can keep their own personal belongings.

The fabric of the institution is well maintained, and some re-decoration has recently been carried out for instance in F.D. ward.

The day rooms and galleries were tidy and well-kept, being well supplied with plants and flowers. I regret to have noticed that the stock of caged birds was low, and that there were many empty cages.

No letter boxes are provided in the wards. This provision is now so general in similar hospitals.

The dormitories and single rooms with their beds and bedding were in good order. The sanitary annexes and bathrooms were clean and tidy. I suggest that the hand-pulls to the water closets might be replaced, with advantage, by pedal releases.

The grounds and ward gardens are well kept, and I was glad to see that additional seating accommodation against the walls of the buildings in the ward gardens was being provided. Several of the paths have been retarred and asphalted.

On visiting the mortuary I was not satisfied with the arrangements made in the so-called laboratory for the viewing of bodies by friends and relatives of deceased patients, and hope that some better appointed compartment may be provided.

Yesterday I saw the dinner meal being partaken of in some wards and in the male villa. It consisted of fish, fried and baked, followed by ginger pudding. It appeared to be of good quality and appreciated by the patients. The cooking in the villas is done there on gas cookers.

The general health of the hospital is very good, and during this year there have been but two cases of influenza, the only instance of infective disorder. At the present time four men and five women are returned as suffering from tuberculosis.

During my tour of the wards I found 43 men and 46 women confined to bed, the majority of them being there on account of senility or for mental reasons. Full advantage was being taken of open-air treatment on the verandahs.

The mortality rate for 1929 was 9.3 per cent., 12.3 for males and 7.1 for females, compared with the mean rate for all mental hospitals of 8 per cent.—8.4 for males and 7.7 per cent. for females.

With two exceptions all the 93 deaths since the last visit were from natural causes, the chief being heart disease in 21 cases, cardio-vascular degeneration in 12, pneumonia in 13, tuberculosis, and maniacal and melancholic exhaustion in 6 each, and general paralysis in 7. Post-mortem examinations were made in 64 instances.

The two excepted deaths were one in which a male patient died from aortic disease of the heart, accelerated by shock, and the other where a male patient was found hanged in a shed in the grounds. In both cases inquests were held and the full facts communicated to my Board at the time.

Only four serious casualties involving fractures of bones have occurred, in three instances due to accidental falls, and in the fourth through a fall when fighting with another patient.

Mechanical restraint has been employed in the case of two male patients on 155 occasions for 1,888½ hours, but with the exception of one occasion for 13 hours, this all relates to a boy who was restrained with locked gloves to prevent self-injury. Twenty-seven men and 48 women have been secluded for a total of 1,712 hours.

Contemplated alterations, additions and improvements include, besides the erection of the admission hospital, a new generating plant for heating,

lighting and hot water services, and the installation of a refrigerating plant in connection with the butcher's shop.

The nursing staff is composed of:—

	Males.	Females.	Total.
Charge - - - - -	9	13	22
Ordinary - - - - -	62	75	137
Night - - - - -	12	15	27
Certificated or registered - -	44	14	58
Passed preliminary examination only - - - - -	13	12	25

Four women nurses are employed with the male patients in the male infirmary.

Dr. Macarthur has the assistance of Dr. F. L. Scott, Dr. Jessie S. B. Barkley, and Dr. J. M. Smith, as medical officers.

Lincolnshire Mental Hospitals.—2. Kesteven.

April 30th, 1930.

I have to-day paid the annual visit on behalf of my Board to this institution, and have been very pleased to find the progressive spirit in which Dr. Henderson is administering it, and to notice the improvements he has already carried out, and to hear of others in contemplation. As suggested by my colleague on his last visit another observation dormitory has been provided on the female side, and another one will be provided for the male patients. A very good operating theatre has been formed out of the male lecture room; it is well-equipped, and has been in use several times. The male airing court has been well laid out with flower beds, and tar macadam paths, and the one on the female side is in process of being similarly done. In both of these gardens I should like to see the tall iron railings separating the portions in front of the hospital wards removed. They are unsightly with a prison-like effect, and the necessary separation can be effected by a lower fence or hedge. The inner court on the male side attached to the north ward has been laid out, and it is proposed to utilise that ward and garden for some 20 of the more degraded class of patients. The corresponding court on the female side will be similarly dealt with, and the same class of female patients accommodated in the ward. This will prove useful in the better classification of the patients.

Works in progress now include the provision of a water softener, and tenders have been advertised for the erection of two sanitary conveniences in the ward gardens. In contemplation is the boiler reconstruction, the heating of the church, and the provision of a cinematograph. A wireless receiving set has been set up with a panatrope in the entertainment hall which can be connected for records or for the broadcast programmes, and extensions have been made into two wards on either side.

Nothing as yet has been done to improve the kitchen equipment, and in the laundry much of the machinery is old and out of date, and requires renewal of a modern type. A steam jet for sterilising the foul linen bins is about to be put in.

The day rooms and galleries were all in capital order, very bright and cheerful looking with a good supply of plants, flowers, books, papers, and games. The dormitories and single rooms with their beds and bedding were clean and well-kept. In the medicine cupboards of the hospital wards I suggest that a separate locked compartment should be made for poisons and outward applications kept by the nurse, although these are in the clinical rooms, to which patients are supposed not to have access.

The numerical changes that have taken place during the last six months are as follows:—

	Males.	Females.	Total.
Admitted - - - - -	11	21	32
Transferred to other care - -	—	2	2
Discharged from Order - - -	4	6	10
of whom had recovered - - -	3	4	7
of whom dealt with s. 79 - -	1	1	2
Allowed out on trial - - - -	3	7	10
Died - - - - -	16	12	28

There are to-day on the statutory books the names of 227 men and 253 women, a total of 480 patients. One man and three women are out on trial, leaving 476 patients in residence. The average number resident during the year ended December 31st last was 238 males and 250 females—488. The total accommodation is for 235 patients on the male side, and for 215 on the female side. At present, therefore, there are only 8 male vacancies, and an excess of 38 females.

Out-county patients number 202, 100 men and 102 women. Sixty-seven men and 73 women are received under contract from Peterborough, 31 men and 22 women from Grantham, and 5 women from West Ham.

Private patients number 17 of each sex, 15 of the men being of the “Service” or “ex-Service” class.

Parole is granted to six men and one woman to go beyond the estate, and 26 men within the grounds. One ward on either side in the main hospital, and the villa are administered upon the open-door principle.

I found the patients on both sides very quiet and well-behaved. They were entirely free from any complaints, and the appeals for discharge were few. Their dress and personal appearance were generally satisfactory. There were, however, a good many men clothed in strong suits, but I have no doubt quite necessarily so.

There has been no employment of mechanical restraint. Two men and ten women have been secluded for 386 hours in all.

I saw a good dinner of roast beef with leeks and potatoes being partaken of in some of the male wards. The dietary seems good and varied. I suggest that with the porridge at breakfast cold milk should be served, instead of being boiled with the oatmeal.

The weekly maintenance charge is for the home patients 20s., for the out-county 24s., and for those of the private class from 31s. 6d. to 42s. The average weekly maintenance cost as last ascertained was 21s. 4d.

The general health of the hospital has been good; and there has been only one instance of infective disease—enteric fever in December in a female patient who died.

To-day I found 11 men and 19 women confined to bed. They appeared to be in receipt of proper nursing care, and full use was being made of the verandahs. The glass roofs of these will require shading, and I hope it will be possible to affix internal sun blinds.

The mortality rate for the year ended December 31st last was 9·6 per cent. for both sexes, as compared with the mean rates of all mental hospitals of 8·4 per cent. for males and 7·7 for females, or 8 per cent. for the combined sexes.

All the 28 deaths since the last visit of my colleague were from natural causes. Verified in 20 instances by post-mortem examination. The principal causes of death were pneumonia—4, heart disease and septicæmia 3 each, and general paralysis, epilepsy and kidney disease 2 each. No inquests were held.

There has been only one serious but not fatal casualty—the dislocation of the jaw of a female patient due to her resistiveness whilst having her dental plate removed.

There is at present only one patient—a man—suffering from tuberculosis in an active form. During last year the new cases of tuberculosis

notified per 1,000 population was 8·2, as compared with the mean rate of all mental hospitals of 8·5, and of deaths per 1,000 population of 4·1 as compared with 6·9.

The nursing staff is composed of:—

	Males.	Females.	Total.
Charge - - - - -	7	8	15
Ordinary - - - - -	22	21	43
Night - - - - -	4	6	10
Certificated or registered - -	16	4	20
Passed preliminary examination only - - - - -	3	4	7

During my tour of the wards I found on duty 20 members of each sex.

Dr. Henderson has the assistance of Dr. H. E. C. Aslett as medical officer. A dental surgeon, Mr. A. O. Trotter, of Sleaford, visits once weekly, and three members of the Lincoln County Hospital, Mr. R. B. Purves, surgeon, Mr. T. Cresswell, ophthalmic surgeon, and Mr. J. Rainforth, aural surgeon, are available when required.

London County Mental Hospitals.—1. Banstead.

November 28th, 1930.

Since this hospital was last visited by two members of our Board, just over a year ago, many alterations and improvements have taken place, amongst which are the supply of a large number of new lockers for the use of patients in the wards, improvements of the heating apparatus in some wards, the adaptation of a room for malarial therapy, the provision of accommodation for married assistant medical officer at the centre, the installation of a loud speaker in the recreation hall, and the extension of the wiring to the chapel, and the making of two hard tennis courts. Other works of importance are now in progress, and in contemplation. The nurses' home is in an advanced state, and a start has been made on the admission hospital, alterations and additions are being made in the laundry and also in the mortuary, and further improvements are being made in the drainage of the hospital. It is interesting and satisfactory to hear that an electric installation is contemplated for the hospital, and we much hope that it will be possible to start on this before long. The above by no means exhaust the long list of alterations and improvements completed, in progress or contemplated, but it is sufficient to show the determination of those responsible to keep this great hospital abreast of modern requirements.

Since the last visit 415 patients have been admitted, and there are now in residence at the hospital 1,146 men and 1,422 women, 2 men and 4 women being out at the time of our visit, bringing the total number of names on the statutory books up to 2,574.

There are 165 private patients, including 20 women, 115 "Service" and 14 "ex-Service" patients. The figures supplied to us to-day show that by day there are vacancies for 24 men and 20 women, but that by night there is an excess of patients over accommodation of 14 men and 8 women.

The weekly maintenance charge per head for home patients is 26s. 10d., and for private patients 26s. 10d. to 30s. 11d., while the average weekly maintenance cost as last ascertained was 23s. 9d.

A large measure of parole is given to male patients, 77 men having parole beyond the estate and 223 within, on the female side 3 wards are open to the ward gardens.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	38	46	84
Ordinary - - - - -	122	124	246
Night - - - - -	18	25	43

The certificated or registered mental nurses number 104 men and 69 women, and 46 men and 62 women have passed the preliminary examination.

We found the wards and dormitories well-kept, well-warmed and comfortable, nicely decorated with ferns and chrysanthemums, and well supplied with books and papers. The patients were generally well-behaved and free from complaints, except such as arose as the result of their mental condition. It was particularly satisfying to us to find as a result of some enquiries into individual cases what care and trouble is taken here to try to keep friends and relations up to the mark in the way of visits and letter-writing; we are sure that all steps taken to prevent patients from feeling neglected and side-tracked is of the utmost value.

In one ward we saw an occupation class at work under an instructress, and this is one of the so-called noisy wards. These classes are held on both sides of the house, rather than in a special room, with the idea of interesting others who are unemployable and inducing them to join the classes. We much hope it will be found possible to extend these classes in the future.

We found the patients here not only ready but anxious to talk to us, and we gave several private interviews to those requiring them. We had an opportunity of seeing the work going on in the workshops, and were glad to find the bookbinders at work on picture books, which are so useful and entertaining to those who find reading a difficulty.

We were sorry to see empty bird cages in some wards, and hope that it may be found possible to fill them once more.

We saw two good dinners served yesterday and to-day, consisting of roast meat, 2 vegetables and milk pudding yesterday, and fried fish and 2 vegetables and sultana pudding to-day. All meat is boned and cut up with a slicer in the kitchen, a method which is found to be more expeditious, and to give more appetising helpings and to bring the food hotter to the table.

At the villa we had some discussion with Dr. Petrie as to the necessity of some slight alterations to make things more safe in case of fire. He has kindly supplied us with a plan which we propose to consider more carefully later. In any case we think it important that no bed should be placed against the inter-communicating doors between the bedrooms. Much good medical work is in progress, as evidenced in various directions and by the careful nursing and medical attention, of which, as was obvious to us all, the 111 men and 95 women patients whom we found in bed, are in receipt. These numbers represent 9 per cent. of the total men and 6 per cent. of the total women in residence; it is not often that we find a higher proportion of men than women in bed, the difference being generally the other way about. As aid to bedside work good use is made of the laboratory, which has the services of a technical assistant, besides reliance upon reports from the central laboratory in London. There is a good dental room and operating theatre, and in connection with the arrangements that subsist between here and Charing Cross Hospital, and with the local dental surgeon who visits twice weekly, it is interesting to learn how considerable is the work done in these departments.

The visiting staff includes a surgeon, gynæcologist, aurist, ophthalmic surgeon and dermatologist. At present for X-ray work the hospital is dependent on a travelling apparatus; no doubt when electric current is fully installed this important facility will be put upon a more satisfactory footing. With regard to patients in single rooms to whom it is not considered safe to allow an ordinary bedstead, we thought it would conduce to their comfort to be supplied with either two mattresses instead of one or a bedstead with legs so shortened so as to bring it but little above the floor. We realise that in a few cases, not even this latter alternative would be safe.

The death-rate during 1929 was 7 per cent. of the total average number

of patients resident, 8·4 per cent. males and 5·9 per cent. females being the figures for the two sexes. During the slightly more than 12 months under review there have been 85 male and 70 female deaths, among them was a case of poisoning due to swallowing some yew which two young women patients managed to do, apparently in a spirit of mischief, one, as stated, with fatal results. In one case death was hastened by fracture of the thigh accidentally sustained. Apart from these two cases, in which, as in 6 others, inquests were held—death was from natural causes.

Post-mortem examinations were held in 73 per cent. of these deaths. General paralysis accounted for no less than 40 per cent. of the male deaths. A number of rooms in male 7 ward, as well as a room in one or two other wards, have been fitted for the treatment of this disease by induced malaria. Not quite 9 per cent. of the deaths were due to tuberculosis, the number of ascertained cases of this disease now in the hospital is 16 on the male side and 18 on the female side; for the recording of these tuberculous cases a well-kept quarterly register is maintained.

At the end of last and the beginning of the present year there occurred 9 cases of enteric fever on the female side.

Instances of fracture of a bone or dislocation of a joint have numbered 21, and were due to altercations with fellow patients in 5 cases, in 3 cases the cause could not be ascertained, and in others were due to accidental falls.

A visit to this hospital, which, when opened 50 years ago, was not designed for the reception of recent cases, impresses us, especially one of us who has known it for 37 years, how much can be done, and in a very satisfactory way, to render such an institution capable of meeting modern requirements.

London County Mental Hospitals.—2. Claybury.

December 5th, 1930.

It was with much regret that on our arrival here yesterday to pay the annual visit to this hospital, we learned that Dr. Barham had been for some time, and still was, from home in consequence of illness. It is satisfactory, however, to learn, that he is now convalescent, and we would express a hope that he will soon be restored to health and able to return to duty. In the course of our visit we were accompanied by Dr. Paine, the deputy medical superintendent, and received every attention and much assistance from him and his medical colleagues.

We found the hospital throughout in excellent order, and the patients evidently receiving the attention, care and treatment which their individual cases required.

Much consideration is paid to the occupation of the inmates, and instruction is given in various industries and handicrafts by the special officer at the occupation centre.

We received no complaints as to anything other than some few requests for discharge, none of which in our opinion call for action.

Since this hospital was last visited by members of our Board the new nurses' home with accommodation for 73 nurses—the sleeping quarters of the night staff being so far as possible separated from the rest of the building—has been completed and is now in occupation. The rooms are comfortable and attractive, and will no doubt be greatly appreciated by the nursing staff.

An operating theatre and dental room have also been completed and are in use, a clinical room has been fitted up in connection with female ward A1, and the Roman Catholic Chapel has been tastefully and attractively altered and decorated.

New ovens are being provided in the bakery, and it is in contemplation to modernise the laundry. We suggest for Dr. Barham's consideration the

desirability of converting G.1 and G.2 wards into three self-contained wards instead of there being as at present but two wards for 108 and 57 patients. The attention given to the women's dress is very evident, and not a few wear their own clothes.

We were very pleased with our visit, and can say that those patients who were able to appreciate their surroundings and what is done for them were contented and as happy as the circumstances of their detention would permit.

In consequence of the changes that have taken place amongst the inmates of this hospital since December 6, 1929, including 162 discharges—121 on recovery—there are on the books 2,365 patients—males 1,012—females 1,353, of whom 268, including 137 "Service" and 10 "ex-Service," are classed as private patients, and 11 are out-county patients.

There are on trial 10 men and 15 women, leaving in residence 1,002 men and 1,338 women—in all 2,340. The hospital is practically full.

Parole within the estate is allowed 154 patients, and a few on extended liberty beyond the grounds.

The maintenance rate for home patients is 26s. 10d., and for private patients from 26s. 10d. to 48s. 5d.

The nursing staff consists of:—

	Males.	Females.	Total.
Chief charge male nurses - -	20	26	46
Charge - - - - -	20	26	46
Ordinary - - - - -	129	164	293

for day and 18 and 24 respectively for night duty.

The nurses certificated or registered as mental nurses number 135 males and 101 females.

In March a male patient, who had recently been admitted from the Bethnal Green Poor Law Institution, was found to be suffering from smallpox, and shortly afterwards four other patients were attacked by the disease. All these patients were isolated in the ward in which they were living at the time of their infection, and strict precautions by vaccination and otherwise, which happily proved effective, were taken to prevent risk of infection to others. The epidemic which must have caused much anxiety to the medical staff, was of a mild nature, and all the patients made a good recovery.

During the epidemic the hospital was visited by one of our Board's Inspectors and by Dr. Woodfield, and the former made a full report on the matter to our Board.

There have been 5 further cases of enteric fever, 3 on the male, and 2 on the female side, all being due, it is thought, to the presence of a "carrier" amongst the patients working in the kitchen. Since his recovery and isolation no further cases have occurred.

We paid particular attention to those being nursed in bed, whether for physical illness or for mental reasons, and are satisfied that they are receiving careful and skilful nursing attention. A number were being nursed in the open air on the verandahs attached to the sick, acute and admission wards.

We thought that the arrangements for the treatment of quiet recent cases and convalescents at Forest House were excellent, and that this building with its surrounding gardens forms a most valuable addition to the hospital, and one that is much appreciated by the patients, especially during the summer months.

The medical work in the hospital is of a high order, and the medical staff have the great advantage of being able to consult the large staff of visiting specialists.

All the deaths were due to natural causes, and the death-rate for last year was the low one of 5.5 per cent.

London Mental Hospitals.—3. Colney Hatch.

July 10th, 1930.

Since two of our colleagues visited this hospital in October of last year, 276 patients have been admitted, 37 have been transferred to other care, 111 have been discharged (57 upon recovery) and 113 have died. These changes have left on the books the names of 1,113 men and 1,516 women, but 2 men and 3 women were out on trial at the time of our visit, leaving in residence a total of 2,624 patients. Thirty-five patients have been dealt with under s. 79 of the Lunacy Act 1890, and 59 were allowed out on trial to test their fitness for discharge, money allowances being granted from one source or another, in 39 cases.

There are 141 private patients, including 37 women, 77 "Service" and 10 "ex-Service" patients. Our visit happened to coincide with a visit by Dr. Forward of the Ministry of Pensions, whom we were glad to have the pleasure of meeting, and we saw most of the "Service" patients in the recreation hall, where they were waiting to be seen by him. Calculated on the available day space there appear to be vacancies in the hospital for 264 men and 261 women, but night space is overcrowded to the extent of 59 on the male and 2 on the female side.

The weekly maintenance charge for home patients is 26s. 10d., and for private patients 26s. 10d. to 30s. 11d., while the average weekly maintenance cost as last ascertained was 25s. 11.6d.

During the period under review there has been no mechanical restraint, and seclusion has only been necessary in the case of 6 female patients on 7 occasions for a total period of 2 hours 13 minutes.

The nursing staff at present is as follows:—

	Males.	Females.	Total.
Charge - - - - -	46	54	100
Ordinary - - - - -	137	144	281
Night charge - - - - -	25	31	56

One hundred and seventy-six men and 124 women are certificated or registered as mental nurses, and 23 of the former and 30 of the latter sex have passed the preliminary examination.

A very large amount of redecoration has lately taken place and the wards which have been so dealt with are looking bright and comfortable. Perhaps one of the most important additions to the hospital is the new refrigerating plant near the butcher's shop with two large cold chambers. We have little doubt that this will prove of great benefit to the hospital. A new electric motor has been fitted to the Hobart machine, and a new gas cooker and hot water supply has been installed at the Boys villa. These are only a very small part of the recent improvements effected. Papering and painting is still going on, the low level corridor on the male side is being relaid with granolithic instead of paving, No. 3 hall is being converted into a sewing room, and various other improvements are now in hand.

Our visit which we started at an early hour yesterday morning has been a very pleasant one, and we have been much pleased with what we have seen. The hospital, being an old one, does not always meet modern requirements, and we could not help being struck with the inadequacy of the sanitary annexes. The structural difficulties of dealing satisfactorily with this matter are no doubt great, but we hope that they may be overcome in time. We were glad to see that the outside stair case at E 1 and E 2, upon which our colleagues commented last year, has now been adequately lighted, and that a good washing basin has been added in the kitchen. We should like to see some lockers provided by the beds, and if this could be done gradually, starting in the admission and infirmary wards, we think it would be an advantageous step. We were delighted

to hear that an electrification scheme is in contemplation for the whole hospital, it will add much to the patients' comfort and enjoyment in the winter months. Dr. Brander is fully alive to the desirability of endeavouring to interest the unemployables in something and in reducing the number of patients who sit idle round the wall. At present the lighting of the wards at night in winter time is bad, and a well-lighted ward will, we hope, induce many more patients to join in games. We were most interested to see the new squad learning physical exercises, and were very pleased to see the skilful way in which these were interspersed with exercises in the nature of an organised game. It was obvious that the majority of the class were enjoying it immensely, and we look forward to seeing a female class started on the same lines, perhaps, in connection with a dancing class.

The wards were well-kept, clean and comfortable, but the books were very unevenly distributed, and some wards such as the laundry and some of the villas were very ill-supplied with books. We thought that the appearance of some of the wards would be much improved if some of the long tables were cut in half, and were assured that this would not add to the difficulties of dealing with the patients. We were very glad to see that the number of clinical rooms off the wards has been increased.

The ward gardens disappointed us, and we very much hope that an attempt will be made to keep the lawns mown and to make more flower-beds. The lawns have now lost their character, but with some pains they can be reclaimed and made fit for the motor mower, and it would be a vast improvement to the hospital.

We enjoyed, but only for a very few minutes, watching a cricket match of an eleven of the staff against 18 of the patients, and it was most satisfactory to see the capital fixture list of matches. It is a pity that the inadequacy of the lavatory arrangements on the ground prevent to some extent the women attending to watch the matches at the same time as the men. Yesterday was lovely, and it seemed a pity that more patients of both sexes were not there to enjoy the cricket and the weather.

We saw an excellent dinner served both days, it was well-cooked, of good quality, and nicely served. To-day there was a liberal supply of salad and spring onions with the cold mutton and mint sauce in addition to new potatoes, followed by a very good rice pudding.

We gave some private interviews and many of a semi-private character in the wards. We found the patients very happy and contented and free from complaints, and we were particularly struck by the clothing and footwear of the women and the pretty bright aprons so many of them were wearing.

Since our last visit 55 male and 58 female patients have died, and the mortality rate is 6.69 per cent. In two instances inquests were held, the facts in both cases were fully reported to our Board at the time and require no further comment. The most frequent causes of death were as follows: heart disease (24), general paralysis (16), kidney disease (14). During the past year 12 patients died of tuberculosis, there is, however, comparatively little tuberculosis in the hospital, only 19 male and 24 female cases being reported. The hospital has been remarkably free from infectious diseases. No cases of dysentery or enteric fever have occurred, nor any of influenza.

Since the last visit 12 instances of serious but non-fatal casualties are reported. In 10 of them the injury was due to accidental falls. One patient injured his thumb when cleaning a bath room, and one dislocated his shoulder while fighting another patient. In this connection we must mention the case of a man whose relatives and friends made serious accusations of ill-treatment against some of the staff. The Board of Control ordered a sworn inquiry, and we investigated the facts on May 5th and 6th last. It is unnecessary to refer to the matter further, except to say that after a careful and anxious hearing we were satisfied that the accusations were unfounded.

In the course of our inspection we visited the mortuary, the viewing room, the post-mortem room, and the pathological laboratory. We thought that in the arrangements for the care of the dead there was room for considerable improvement, and that the viewing room as now arranged is hardly suitable for the purpose. It is in very close proximity to the place where the bodies awaiting burial are stored, and at the time of our visit the atmosphere was unpleasant. The pathological laboratory, moreover, is inadequate for the routine clinical work of a hospital of this size.

The patients here evidently receive every possible medical attention, and the case records are well-kept, and show that physical examinations are thoroughly and regularly made. All new patients are seen by the visiting dentist. Continuous baths are available, but do not appear to be used so much as is desirable. The difficulty is partly geographical, as patients likely to benefit from this treatment are sometimes living in wards not equipped with the necessary apparatus. We hope in time this difficulty may be overcome, so that this valuable means of treatment may be more generally available.

We were accompanied during our visit by Dr. Brander, as well as by the assistant medical officers responsible for the various departments. We noted with satisfaction the pleasant relations that existed between the patients and the medical officers. We had conversations with Dr. Brander on many matters that cropped up during our visit, and in particular discussed at length with him, and with much satisfaction, questions affecting the welfare and treatment of the patients.

We were greatly pleased with our visit and would record our opinion that the hospital is efficiently and kindly administered.

London Mental Hospitals.—4. Ewell Colony.

July 3rd, 1930.

I have to-day visited this hospital and have, I believe, seen all the patients who are now in residence. I am glad to be able to report that I have found the place in excellent order, and believe that the patients are living under most comfortable conditions.

Since the hospital was visited by one of my colleagues about 18 months ago, 125 patients have been admitted, 35 have been transferred to other care, 73 have been discharged (65 upon recovery), and 21 have died. Seventy-two patients were allowed out on trial to test their fitness for discharge, money allowances being granted in 26 cases.

There are only 5 private patients of whom 3 are women, and one is a "Service" and one an "ex-Service" patient.

There are no out-county patients. There are now on the books the names of 100 men and 331 women, but 4 women were out on trial at the time of my visit, leaving in residence a total number of 427 patients.

The total accommodation in the hospital, calculated according to space allowance prescribed by the Board, is for 104 men and 373 women by day and 100 men and 329 women by night. The weekly maintenance charge per head for home patients is 26s. 10d., and for private patients up to 28s., the average weekly maintenance cost as last ascertained being 32s. 5½d.

Fifty-three men and 5 women have parole beyond the estate, and 40 men and 42 women within the estate boundaries. Two male villas and one female villa are administered upon the open-door principle.

During the period under review many alterations and improvements have taken place: the most important, perhaps, is the adaptation of the old workshop as a pathological laboratory. This has been well fitted up and equipped, and I am glad to be able to report that the committee have appointed a trained laboratory assistant to work under the medical staff.

The laundry drying ground has received attention, the paths being repaved with tarmac here and elsewhere. A new radiator has been placed in the dispensary stores, additional lights have been placed in the female hospital dormitory, a new refrigerating plant has been installed, and many other useful but small alterations and additions have been made. An electric syren fire alarm is now being fitted, and the cricket pavilion is being moved and altered.

Nearly all the patients were out of doors this morning, and I found them apparently very happy and contented, tidily clothed (with the exception of some of the women's hats, which were rather the worse for wear) and well shod. With the exception of one woman, a foreigner, who uttered the most piercing shrieks in her endeavour to say what she wanted, there was no noise or turbulence in any of the wards or gardens, and except on the grounds of detention I had no complaints whatever addressed to me. The 3 male and 8 female villas were clean and well-kept, and beautifully cool and airy, the sanitary annexes too were clean and well ventilated. I thought that the supply of books in some of the villas was very meagre, and much hope that something will be done to remedy this, particularly, as it appeared to me that more patients than usual were reading. If the committee could see their way to install wireless apparatus and loud speakers or headphones in the day rooms I believe that it would be a source of much pleasure to the patients. I saw a nice dinner being served of liver and bacon, new potatoes and beans, with a milk and macaroni pudding. The meat is cooked in the main kitchen, the potatoes being cooked in the villa kitchens. The dinner was nicely served, and in the villas where I was at dinner-time care had been taken to warm the plates properly. I was most pleased to see on the diet sheet that fresh eggs are served at breakfast here weekly at this time of the year. I think the appearance of the day rooms would be much improved if the present dining tables were cut into two, and the tables were not placed together in long rows. It was most satisfactory to see the useful pattern of bedside lockers with hand towel rail supplied to each patient and to see the large number of smaller locked cupboards for the patients' private treasures. It is these small conveniences and attentions that go so far in making the patients contented.

While in the laundry I enquired about the cleansing of the tins in which the foul clothing is brought from the villas, and I was told that after being emptied at the laundry they are returned to the villas to be cleansed. It seems to me that a steam-jet on the ground at the laundry, over which the bins can be inverted and so sterilised would not be difficult to arrange and would save some handling of dirty and possibly infected tins.

In the course of my inspection I was shown the new anæsthetic room next to the operating theatre, which has been nicely fitted up for the purpose.

The 18 patients who were in bed to-day in the wards and on the verandah appeared to be in receipt of all proper medical and nursing care and attention, and there seems to be no reason for special mention of any of the bed cases here.

All the deaths were from natural causes, heart disease accounting for 8 and pneumonia for 4.

There has been no influenza, enteric or dysentery, but there has been 1 case (a female patient) of erysipelas. Four women are now suffering from tuberculosis and are being nursed in the open air.

There have been seven accidents involving fractures, 3 were accidental slips in the villas, 2 were due to fellow patients, but in one of these cases it was not intentional on the part of the fellow patient, and 2 were due to seizures of some sort.

There has been one inquest, on a man who fell in a fit, causing cerebral hæmorrhage.

The nursing staff consists of the following:—

	Males.	Females.	Total.
Charge - - - - -	8	16	24
Ordinary - - - - -	14	44	58
Night - - - - -	3	11	14

Seventeen men and 34 women are certificated or registered as mental nurses, while 6 and 7 respectively have passed the preliminary examination only.

Dr. Wootton has to assist him Drs. Barnes and Torrance.

To-day was a lovely day and the Colony was looking most attractive. My visit was a very pleasant one.

London County Mental Hospitals.—5. Horton.

December 11th, 1930.

We have to-day completed the annual visit on behalf of our Board to this hospital, and are pleased to report that it continues to be maintained very efficiently and to be very ably administered by Colonel Lord for the welfare and treatment of the patients residing here.

As a result of the numerical changes that have occurred since the last visit of our colleagues just twelve months ago there are now on the statutory books the names of 2,062 patients in the proportion of 271 men to 1,791 women. Twelve women are now out on trial, leaving a total of 2,050 patients in residence. The average number resident during 1929 was 269 men, and 1,660 women, a total of 1,929.

The total accommodation as returned to us is for 263 patients by day, and 271 by night on the male side, and for 1,839 patients by day and 1,781 by night on the female side. The hospital is practically full.

When the contemplated second nurses' home with accommodation for 81 members of the female staff is completed, patients' rooms at present used by the night female staff will be available for some 120 more women patients.

Private patients number 207 women, and there are 7 out-county female patients chargeable to six various authorities.

The weekly maintenance charge is for the London county patients 26s. 10d. a head, and for those of the private class from that sum to 35s. The average weekly maintenance cost, as last ascertained, was 26s. 2·8d.

To the best of our belief one or other of us has given every patient in residence an opportunity of speaking to us, and stating any grievance or complaint.

Apart from appeals for discharge, we received no complaints, and the patients throughout were quiet and orderly in their conduct, and free from excitement or discontent. Their dress and personal appearance were satisfactory. A large number of the women wear their own private clothing. We should like to see a larger supply of lockers in which the patients could keep their personal belongings, especially in the wards where the better behaved, and the private patients are; and also a better arrangement for keeping the tooth brushes, than in mugs and jars.

Parole beyond the estate is given to some 43 of the men and 14 of the women, whilst 173 other men and 166 other women have that privilege within the grounds. Two wards on the male side, and 4 villas and 4 wards on the female side are administered upon the open-door principle.

The dayrooms and galleries were tidy and well-kept. The redecoration of the ground floor wards is nearly complete, and it is hoped that the upper wards will soon be taken in hand. Our colleagues' suggestion as to the provision of separate locked compartments for poisons, has been met by the removal in the infirmary wards of the medicines to a separate cupboard in the store rooms, which does not seem to us to be a very convenient arrangement. No letter boxes have yet been provided either in

the passages or in the wards, and patients have to hand their letters to members of the staff.

It was pleasing on visiting the wards where the acute and semi-acute cases were, to find that they were as well-furnished and as well-supplied with books, papers and games as any other ward in the hospital, and that the patients there were very well conducted, and on good terms with the staff, from whom they were receiving much individual attention.

Among the works completed since the last visit is the annexe to "A" hospital, the enlargement of the enclosure for the ironing stove in the laundry, and the provision of a new washing machine. Works now in progress include the enlargement of "C" hospital, the extension of the the road to "B" hospital, and the removal of sections of the corridor walls.

On visiting the X-ray department we were glad to hear of the good work that was being done there, not only in the detection of fractures, but also as an aid to diagnosis in chest and bowel conditions. This, like the other departments in the hospital, has the advantage of co-operation between the medical officers in charge of it, and the radiologist of the Royal Free Hospital.

The general health has been good throughout the period under review, and with the exception of 4 cases of erysipelas, all female patients, the hospital has been entirely free from disease of an epidemic or infective nature. At present there are 14 patients under treatment for tuberculosis.

The mortality rate for the year ended December 31st last was 5.94 per cent. for the male and 8.55 per cent. for the female patients, who compose the great bulk of the hospital's population. Since the visit of our colleagues a year ago 6 males and 100 females have died, all from natural causes, confirmed in 75 of the deaths by post-mortem examination. Two inquests have been held, the verdict in each case being death from natural causes.

The principal causes of death were as follows:—General paralysis in 10; pneumonia in 26; heart disease in 15; kidney disease in 12; general arterio-sclerosis in 8; senile decay in 5; tuberculosis in 3; malignant disease in 10, and various bodily diseases not calling for special mention in the remainder.

Twenty-six casualties involving fracture of bone have occurred, mostly of a comparatively minor character, and nearly all due to accidental falls.

We gave particular attention to those under treatment in the hospital wards and admission wards, and to the few under treatment in bed elsewhere, and wish to place on record the favourable impression we received. The whole atmosphere is that of a modern, quietly and smoothly-running hospital, admirably equipped, well-served by a trained and efficient nursing staff, and with the co-operation of an expert medical staff, and visiting specialists, so directed as to leave no hopeful method of investigation and treatment unexplored. The special departments of the hospital are many and closely linked, and all very active. In addition to the pathological department, which last year carried out 6,355 examinations, the X-ray department in which were examined 458 cases, and the malarial-therapy department in which are treated suitable cases of general paralysis from the grouped London County mental hospitals there is a massage and electrical department in which close on 2,000 treatments were given during the year, an actino-therapeutic department; an ophthalmic department; an occupation therapy department, and a hospital visitors' and social enquiry department, whilst physical drill and dance classes are given by an instructress with satisfactory results. The appointment of a medical officer with special experience and justification in gynæcology, and the opening of a special ward for the treatment of cases of this kind have been attended with excellent results. Full advantage continues to be taken by the students of the Royal Free Hospital of special educational facilities here, and among others a special research with a view to the elaboration of psychical tests for use in normal and abnormal subjects is being conducted

by Professor Spearman of the University of London Psychological Laboratory, and his helpers, including some members of the hospital staff.

The Senate of the University of London has appointed Col. Lord Recognised Teacher of Psychiatry and assigned him to the Faculty of Medicine at the School.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	9	64	73
Ordinary - - - - -	23	231	254
Night - - - - -	7	16	23
Certificated or registered - -	19	92	111
Passed preliminary examination only - - - - -	6	69	75

Colonel Lord has the assistance of Dr. W. D. Nicol as deputy superintendent and 7 other medical officers, of whom four are ladies.

London County Mental Hospitals.—6. Long Grove.

December 10th, 1930.

We have this morning completed the inspection of this hospital, which we began yesterday, and are glad to report that it continues to be very well maintained and ably administered for the welfare and comfort of those resident therein. The chief work which has been completed since our colleagues' visit at the end of last year, is the nurses' home, which was opened for occupation in August last. It gives very good accommodation for some 85 of the female nursing staff; and the male wards which were converted into cubicles for the nurses have been restored to their proper use, and the male accommodation is now returned as for 1,216 for day and 1,161 for night. The female accommodation remains as it was, 1,083 by day, and 1,005 by night. It is proposed to erect a sanatorium for 30 female patients, and the plans for this building have been approved by the Minister of Health.

Another important work carried out recently is the reconstruction and re-equipment of the laboratory.

As a result of the numerical changes that have taken place in the twelve months since our colleagues' visit there are now on the books of the hospital the names of 2,202 patients in the proportion of 1,178 males to 1,024 females. Three men and one woman are now out on trial, leaving a total of 2,198 patients in residence. During 1929 the average number of patients resident was 2,129—1,117 men and 1,012 women.

According to the measured night accommodation the hospital is overfull to the extent of 17 patients on the male side and 19 on the female side.

There are six out-county patients—4 men and 2 women; and private patients number 183 men and 31 women, 148 of the former sex being of the "Service" or "ex-Service" class.

The weekly maintenance rate is for the London County patients 26s. 10d., and that for the private patients from that sum to 30s. 11d. The average weekly maintenance cost, as last ascertained, was 25s. 5½d.

To the best of our belief we have seen all the patients in residence; and they have been given an opportunity of stating any complaint or grievance to one or other of us. Apart from appeals for discharge, and in one or two instances complaints arising out of their mental states, the patients on both sides were very content, and well-behaved. Their dress and personal appearance were satisfactory. A steam press for the male clothing is being installed.

The dayrooms and galleries were well-kept, and well supplied with plants and flowers, and on the male side there was a good supply of birds in cages. We suggest that there should be a larger supply of lockers in the wards,

where the better patients are, in which they can keep their personal belongings.

The dormitories and single rooms with their beds and bedding were tidy and clean. In the wards where the patients do not undress by their bed sides, arrangements have been made for them to wear their stockings and slippers when proceeding to and from the dormitories.

We should like to see a better arrangement made for the keeping of tooth brushes; and instead of their being kept several together in a mug or jar we suggest a wooden rack with holes in it.

A good number of the patients of both sexes are usefully employed, and we saw many at work in the laundry, kitchens, needleroom, and workshops, as well as in the wards. In the latter several were employed in making decorations for Christmas, and on the male side several of the dayrooms were already decorated.

We are glad to learn that both a male and female occupation officer have been engaged, whose principal work is to encourage handicraft work in the wards.

Parole beyond the estate is granted to 6 men, and within the estate to 228 other men. Two male villas are administered upon the open-door principle, and also two female villas, the latter, however, being only open to their grounds.

The general health has been good since the last visit, and there has been no recurrence of enteric fever. The only illness of an epidemic character have been 5 cases of diphtheria on the male side.

The mortality rate for the year ended December 31st last was the satisfactory low one of 6.43 per cent. (males 8.24 per cent., females 4.45 per cent.) calculated on the average number daily resident.

During the twelve months that have elapsed since our colleagues' last visit, 54 male and 38 female patients have died, or 92 in all. All deaths were from natural causes, though in three which were the subjects of coroners' inquests, death was accelerated in each case by fracture of femur accidentally sustained. Of the 92 deaths the principal causes, enumerated below, were confirmed by post-mortem examination in 61. In 4 death was due to general paralysis, in 3 to epilepsy, in 7 to exhaustion by mania or melancholia, and in 5 more to gross disease affecting the brain; in 31 to heart disease; in 12 to pneumonia; in 4 to senile decay; in 10 to malignant disease, and in the remainder to various bodily diseases not requiring special mention.

There have been 27 casualties involving fracture of bone—(15 in the male division and 12 in the female)—mostly due to accidental falls, though in a few the injuries were of a minor character and sustained in struggles with or caused by blows from fellow patients.

We gave particular attention to the patients undergoing treatment in bed, 133 in all, and have been impressed by the many evidences of their individual care and attention, and by the high standard of clinical work carried out in the wards. We are thoroughly satisfied that the patients are efficiently nursed and kindly treated. We had no requests for private interviews, but we had semi-private conversation with two or three male patients whose names we have entered, with their requests and our observations, in the patients' book.

The staff of nurses is composed as follows:—

	Males.	Females.	Total.
Charge - - - - -	38	34	72
Ordinary - - - - -	134	123	257
Night - - - - -	24	16	40
Certificated or registered - -	135	59	194
Passed preliminary examination only - - - - -	23	40	63

The number of nurses recorded above as being in possession of the

Royal Medico-Psychological Association's certificate, and registered by the General Nursing Council is very satisfactory.

Dr. Ogilvy is ably assisted by Dr. J. E. Martin as deputy superintendent, and by eight other medical officers, of whom two are ladies, and two on a temporary footing.

London County Mental Hospitals.—7. West Park.

December 5th, 1930.

We have to-day completed our annual visit on behalf of our Board to this institution, and are glad to report that we have been very well satisfied with what we have seen during our tour of the wards, and various departments. Dr. Roberts continues to administer the hospital with much ability, and to develop its resources.

The numerical changes that have occurred since our colleagues' visit nearly thirteen months ago leave on the statutory books the names of 2,100 patients in the proportion of 1,136 men to 964 women. Four men and five women are now out on trial, leaving 2,091 patients in residence. The accommodation returned to us is for 1,170 men and 992 women by day, and for 1,128 men and 968 women by night. The hospital is therefore practically full, there being an excess of four male patients, and only vacancies for nine women patients in the night accommodation.

Private patients number 61 men and 37 women, 43 of the former being of the "Service" or "ex-Service" class. There are 11 out-county patients—two men and nine women—chargeable to eight other authorities.

The weekly maintenance charge is 26s. 10d. per head for the County of London patients, and for those of the private class from that sum to 30s. 11d. The average weekly cost, as last ascertained, was 26s. 8.8d.

During the course of our visit, we believe we have given every patient an opportunity of speaking with us. We found them very contented, and free from any complaints other than on the score of detention. These appeals for discharge were not unduly numerous, and came from those who were not yet fit for it. The dress and personal appearance of the patients were satisfactory.

The day rooms, galleries, and dormitories were very well kept, well supplied with plants and flowers, and generally there was a good stock of books and papers. We should, however, like to see a larger supply of disused periodicals and papers, which probably some clubs would only be too glad to send, in these wards where the less well behaved patients are. We were glad to notice that wireless receiving sets were being extended to these wards, and that the amenities which the better patients have are being provided for them. We think that there is a want of pianos in some wards on the male side.

A large measure of parole is given; as many as 95 men and 35 women have that privilege beyond the estate, whilst 269 men and 160 women have parole of the grounds. Six male and four female wards are administered on the open-door principle, being open to the grounds, and two female wards open to the ward-gardens.

We were glad to see a good number of the patients usefully employed, and several engaged in decorating the wards for Christmas. It is evident that much attention is given to the training of various forms of handicraft; but at present it has not been found practicable to extend the accommodation for this, which at present is carried on in the basement of the new nurses' block, and the recreation room in the reception hospital.

We have been both interested and pleased to note the way in which, as set out in some detail last year by our colleagues, the various departments of specialised medical work is distributed among the medical officers, practically each of whom, besides his clinical work, undertakes the work of one of these departments. This scheme neither conflicts with nor is intended to meet the necessity of seeking the services of visiting specialists in rela-

tion to certain branches of medicine and surgery—a principle which our Board strongly advocate. In this latter connection, we are particularly glad to hear of the arrangements which have been made with the honorary staff of University College Hospital; we venture to hope that this link may lead up to the services of the West Park medical staff being reciprocally available in, for instance, the Out-patient department of that hospital; and that some day it may further be of assistance to nurses wishing to complete their training in general nursing.

To the number of special departments to which we have just been alluding, one for physical culture has been added. This is a line from which, at some hospitals, so much advantage has been found as to lead to its extensive development. In looking into the room for actino-therapy, under the charge of Dr. Armstrong, we were struck by its brightness, and the attractive way in which it is furnished: we are sure that this fact has a practical advantage. In the wards for cases of encephalitis lethargica, Dr. Astley-Cooper is trying and measuring the effects of treatment by full doses of stramonium; and, in the units for anti-luetic treatment, pending the resumption of using induced malaria, a carefully observed trial is being made by Dr. Switzer of sulfosin, as well as upon some other types of cases. There is now a full-time masseuse, who also—as we saw in progress—administers radiant heat and electrical treatments.

We saw 49 men and 58 women in bed; scarcely 5 and 7 per cent. respectively of the patients in residence, proportions which struck us as unusually small. Their nursing and medical attention seems all that could be wished for. When enquiring about those in bed on the verandahs, we suggested that, in order to obtain all the sunlight our climate provides and yet to afford protection when the sun is fierce, the provision of home-made roller blinds would prove much more convenient than reliance on the use of green paint.

The death rate during 1929 was 10 per cent.—the male and female percentages being 9 and 11.

Among the deaths was a case of burning brought about by the patient having absent-mindedly placed a lighted pipe in his pocket; a case of death following fracture of the thigh accidentally sustained; one due to injuries sustained when he was accidentally knocked down by a motor bus; a case of accidental choking; and one instance of suicide in a patient whilst out on trial. Apart from these five cases—all of which as well as another death—were the subjects of inquests, all the 86 male and 44 female deaths, which have occurred during the twelve and a half months under review, were from natural causes. They were followed by post-mortem examinations in only 54 per cent. of this number.

Besides a nurse, now away at a sanatorium, the number of cases of tuberculosis now in the hospital is believed to be 7 men and 15 women. Not quite 7 per cent. of the deaths were due to this cause.

Besides the accidents mentioned under the deaths, there have been 14 cases of fracture of a bone. One occurred during a severe but unavoidable struggle; four were the result of being pushed over by a fellow patient, and the rest were due to accidental falls.

The nursing staff is composed as follows:—

	Males.	Females.	Total.
Chief charge - - - - -	22	23	45
Charge - - - - -	25	23	48
Ordinary staff - - - - -	75	12	87
Ordinary probationers - - - - -	45	121	166
Night charge - - - - -	17	20	37
Hospital assistants - - - - -	6	2	8
Certificated or registered - - - - -	139	78	217
Passed preliminary examination only - - - - -	34	53	87

Twenty-two women nurses are employed in nursing male patients.

The numbers given above of those members of the nursing staff who are in possession of nursing certificates is very satisfactory.

With reference to the accommodation for the female nurses, two additional sitting rooms have been allocated for the senior grades, but we still think there is some deficiency in recreation rooms, and it is a pity that there is no quiet room for study purposes.

Dr. P. Banbury left last September on appointment as superintendent at Ipswich Mental Hospital. Dr. E. L. Hopkins continues in the position of deputy superintendent. It is now six and a half years since this hospital was opened. We feel that Dr. Roberts and all who assist him are to be congratulated upon the lines on which it has been developed and the condition in which we have found it.

Middlesex Mental Hospitals.—1. Springfield.

October 21st, 1930.

We have to-day completed the inspection of this hospital, which we commenced yesterday, and have visited all parts of the main building and the annexe at Malden. It continues to be very efficiently administered and maintained for the care, treatment and well-being of the patients.

Since our colleagues' visit eleven months ago, the following numerical changes have occurred:—

	Males.	Females.	Total.
Admitted - - - - -	138	204	342
Transferred to other care - -	11	31	42
Discharged from reception Order -	81	137	218
of whom recovered - - -	52	85	137
of whom dealt with under s. 79 -	14	17	31
Allowed out on trial - - -	47	83	130
of whom granted allowances -	5	3	8
Died - - - - -	36	57	93

There are now on the books the names of 1,702 patients, in the proportion of 642 males to 1,060 females. Fourteen men and 6 women are away on trial, and 11 men and 8 women out on short leave. There are therefore resident in the hospital 1,663 patients, 617 males and 1,046 females. During 1929 the average number resident was 1,623—595 males and 1,028 females.

The total accommodation both by day and night is for 575 male and 1,064 female patients. There is therefore some overcrowding on the male side, and but few vacancies on the female side.

Private patients number 85 males and 56 females, 73 of the former being of the "Service" or "ex-Service" class. There are 13—6 men and 7 women—chargeable to 7 out-county authorities.

The weekly maintenance charge is for the home patients 23s. 4d. per head, that for the in-county private patients 42s. 7d., and for out-county private patients 63s. 7d. The average weekly maintenance cost as last ascertained, was 23s. 3 $\frac{3}{4}$ d.

We believe we have seen all the patients in residence, and given them an opportunity of speaking with us and giving expression to any grievances. Apart from a certain number of appeals for discharge, which were not more than usual, we found the patients contented and free from complaint. They were tidy in their dress and personal appearance, several of the women wearing their own private clothing. We understand that a hair-dresser is coming to instruct members of the female nursing staff in hair cutting and dressing.

In the needle room we noticed new machines for making buttons, button holes and for darning.

We saw yesterday in some wards a very good dinner being partaken of. It consisted of meat pie, followed by bread and cheese.

A new fish fryer capable of cooking for 200 persons has been installed in the main kitchen. We suggest for the improvement of the ventilation in this department that the upper sashes of the windows should be un-stopped.

Hot plates, electrically heated, have been provided in the wards. These have been placed in the fire places, which cannot therefore be used for open fires. We hope that in those wards, which are occupied by working patients who sit up later in the evenings, there is a possibility of open fires in other parts of the wards.

The day rooms and galleries are well-kept, and bright with plants and flowers. The decoration of the wards is well maintained; some have been redecorated since the last visit, and male ward 19 is in process of being done. The paint is put on by a spraying machine.

New padded rooms have been provided, one on the male and three on the female side.

In female ward 5 we noticed that it had been very nicely upholstered and furnished—new sanitary fittings have also been installed here.

In some of the wards occupied by patients of the disturbed class, there seemed to us a deficiency of picture magazines and papers. We know that such are preserved and bound up in book form; but what we have in mind are loose numbers—such, for example, as clubs, if asked, will often give, and which it is realised will mostly get torn up and destroyed. They form at least something to occupy such patients' attention when indoors.

Mention of occupation leads us to repeat what our colleagues said last year as to there being room for greater and more organised and trained effort to induce patients now unemployed to engage themselves in useful and therapeutic occupations. In this direction some closer classification would probably be of service—by grouping the more trustworthy patients together in units to which are accorded special advantages and privileges. It seemed, for instance, on the female side, a pity that any of this type of patient should be in wards 2, 5, 8, 9 or 12. But of special utility would be the engagement of an occupations officer, or the sending away of a few of the nurses for training in the teaching of handicrafts.

Though the day rooms on the female side are provided with letter boxes, there are none in the male wards. We think that there should be one in every ward.

Two houses for the medical officers and a cottage for the engineer are in course of erection, and the new nurses' home is making good progress. It is hoped it will be completed by next April.

In this connection we are particularly glad to learn that arrangements have been made with Westminster Hospital whereby nurses, about six at a time, on the staff of Springfield Hospital, will be able to complete their training in general nursing. We suggest for future consideration, that as has been found elsewhere, mutual advantage might be gained from a further development of the arrangement under which a short period—say three, four or six months—might be spent at Springfield by the Westminster nurses before completing their full training.

The present staff of nurses here consists of:—

	Males.	Females.	Total.
Charge	28	19	47
Ordinary	62	96	158
Night	14	15	29
Certificated or registered	73	47	120
Passed preliminary examination only	15	19	34

We found on duty during our tour of the wards 43 male and 88 women nurses.

The death-rate during 1929 was 8·25 per cent., and was practically the same in each sex.

Among the deaths were two cases of suicide; in one of these the circumstances were fully reported to our Board at the time, and call for no detailed reference here; the other occurred while the patient was absent on leave. There has also been a case of death following an accidentally sustained fractured thigh. In each of these three cases an inquest was held. Otherwise all the 36 male and 57 female deaths, that have occurred in the eleven months under review, were from natural causes. In only 40 per cent. were these followed by post-mortem examination. We know the difficulties which are associated with this matter, but in the light of experience elsewhere we hope that a real effort will be made to increase this proportion.

General paralysis (not including one case of tabes) was the cause in 10 deaths (all males but two) and tuberculosis was the cause in four of the male and three of the female deaths. This mortality from the latter disease is equivalent to 9·2 per 1,000 resident, the average for all mental hospitals being 6·9.

Apart from tuberculous cases, of which the known cases now resident number four men and one woman, there has been very little infectious disease—one case of typhoid, and one of scarlet fever, six of erysipelas, and in a member of the staff one instance of diphtheria.

There have been 11 cases of fracture of bone, one has already been mentioned among the deaths, four were due to altercation with a fellow patient, and the others were the result of accidental falls.

We found 63 men and 78 women in bed. That is 10 per cent. and 7 per cent. respectively of the total numbers resident. We made brief enquiries as to the cases of each of these 141 patients in bed, and are well satisfied as to the standard of medical attention and nursing which they are receiving.

Cases of general paralysis are regularly treated either by sulfosin, or induced malaria, and the results are carefully charted. For laboratory aid to diagnosis and treatment, reliance is mainly placed upon the assistance available from Westminster Hospital. Our warm satisfaction at the affiliation made with that teaching centre is well known; but we cannot but feel that every mental hospital, particularly one of this size, should have within it a laboratory whose work forms an active part of the daily medical life of the institution.

We have alluded more than once to the Westminster Hospital: before closing our entry we should like—mindful of the coming into operation in ten weeks' time of The Mental Treatment Act—to express the hope that there will be established there an Out-patient centre for the treatment of mental cases, with which the medical staff of Springfield Hospital will be associated; and that due consideration will be given to the establishment of such other centres for similar work at other general hospitals within Middlesex.

It has been very pleasant in the course of our visit to note the effect of the many and important improvements that have been gradually introduced here: still more so must it be to Dr. Worth, who has just completed 33 years' service here, and who has been ever zealous in developing lines of improvement, and whom we should like to congratulate upon the condition in which we found the hospital.

Middlesex Mental Hospitals.—2. Napsbury.

October 23rd, 1930.

We have to-day completed the annual inspection of this large institution on behalf of our Board, and have much pleasure in recording that it continues to be maintained in most excellent order, and to be ably and well-administered.

The fabric of the buildings is well-preserved, and external and internal redecoration systematically carried out. Since last visit four female and three male wards as well as three of the villas have been painted throughout; and the workshops, bakehouse and kitchens have been attended to. External painting has been carried out on the central administration block, the farm buildings and villa H.

The wards throughout were very well-kept, clean and tidy, with a good supply of plants and flowers; and we were glad to see good fires burning in the hearths of the day-rooms. The dormitories and single rooms, with their beds and bedding, were in good order. The shortage of bed tables has been made up by the provision of a very good type of combination table with lockers; and we hope that these may yet be further increased in number. There still seemed to be want in some wards of hot water bottles.

We commenced our visit this morning at Porters Park, and were much pleased with the conditions prevailing there. The accommodation there is for some 95 patients of the female sex, and is very comfortable and home-like.

The numerical changes during the past eleven months are as follows:—

	Males.	Females.	Total.
Admitted - - - - -	135	238	373
Discharged from reception Order -	39	107	146
of whom had recovered - -	32	79	111
of whom dealt with under s. 79 -	4	26	30
Transferred to other care - -	14	20	34
Allowed out on trial - - -	6	12	18
Of whom granted allowances - -	6	12	18
Died - - - - -	43	55	98

We notice that the numbers allowed out on trial continues to be small, and we agree with our colleagues in hoping that further use may be made of testing the suitability of convalescent patients for final discharge.

The numbers of patients on the books are 857 males and 1,280 females, a total of 2,137, all with the exception of one woman on trial, and another escaped, are in residence.

Private patients number 99—70 men and 29 women, 63 of the former being of the “Service” or “ex-Service” Class. There are 11 out-county patients chargeable to six other authorities.

The average number of patients resident during 1929 was 1,998—819 men and 1,179 women.

The total accommodation in the hospital, including Porters Park, is now 783 by day and 813 by night for men; and 1,229 by day and 1,243 by night for women. One ward in the main building male No. 2 has been temporarily transferred to the female division; and a partition has been erected at the head of the male staircase consequent upon this conversion.

The number of patients in residence in excess of the accommodation is 74 by day and 44 by night on the male side, and 51 by day and 37 by night on the female side. There are also boarded out in other mental hospitals in the country 25 men and 170 women from this hospital. The county of Middlesex has its other mental hospital full, with some patients boarded out from there. As is well known, the necessity for further accommodation is urgently needed, and it is hoped that the commencement of the Porters Park Hospital will take place before long.

The weekly maintenance charge is 23s. 4d. for the county patients and 38s. 6d. for those of the private class, the average weekly maintenance cost being 21s. 9½d.

We found the patients generally very quiet, orderly in their conduct, and free from complaints other than on the score of detention. We enquired into the appeals for discharge, and satisfied ourselves that in no case were the patients yet ready for it.

As is our feeling at so many of our visits elsewhere, efforts to get patients usefully to employ themselves, and to introduce a large variety of occupations are not—judging by the high proportion of unoccupied patients—commensurate with the universally admitted value of occupation as a means of treatment. We are therefore all the more glad to learn that members of the nursing staff are about to be sent for training in the teaching of handicrafts, etc. We have discussed, too, with the superintendent, the feasibility of classifying all trustworthy working patients in villas or wards to which only this class of patient is sent, and wherein the maximum privileges that the institution can provide obtain. In this connection we would suggest that such units as villas A, D, E and F, instead of being lettered should be given distinctive names, which by a die patients occupying these units can use when writing letters.

These villas are very comfortable, and, among their pleasing features, is the small size of the dormitories on the two upper floors. We are sure they are much appreciated, especially as open door units. We were struck, however, with the lack on each side of a villa of much smaller size (say 30 beds) to which would be sent only patients who have arrived at a convalescing stage in their illness—patients, that is, who it is believed will be allowed within measurable distance of time to be allowed on trial or be discharged.

Looking at the figures for 1929 the proportions of patients attending weekly entertainments and taken out for walks beyond the hospital grounds strike us as distinctly small: the latter is perhaps compensated for by the numbers (11 per cent. of the men and 18 per cent. of the women) to whom parole is granted—a privilege which we know is greatly appreciated. Still lower, in comparison to other similar hospitals, is the proportion attending Divine Service; without improper pressure against any patients' religious views we think that this attendance might be greatly increased—partly by personal influence, partly by encouraging choir practice, and perhaps by the use of the band on festivals, and again by posting up in the wards the ensuing month's hymns and chants so that such may be practised by the patients.

We were quite satisfied with the state of the clothing of the patients, and their general personal appearance of tidiness, and we were glad to find that night shirts are provided for the male patients, and that they are worn by them.

Yesterday was visiting day, and by a return that has been given us we find that 248 patients here and 15 at Porters Park had friends and relatives to see them, and that the total number of visitors was 295.

Another very pleasing feature here is the liberality of provision for open-air treatment in bed under excellent verandahs of which full use is being made. These are all ground floor structures, and are, we are glad to note, devoid of attempt at enclosure, they are therefore thoroughly effective. Of the 54 men and 86 women in bed (that is of each sex about 6 per cent. of the total in residence) some 79 were in the open air verandahs. We enquired into each of these 140 cases, and feel well satisfied as to the standard of medical and nursing attention which they are receiving. A visit also to the laboratory left us in no doubt as to the reality of the help given by work in it towards diagnosis and treatment. We were interested, too, to note the systematic way in which the results are charted in graph form.

The death rate during 1929 was 6.4 per cent.—any difference as to sex being almost negligible.

There has been one instance of suicide in the case of a man who absconded, and thirteen days later was found to have strangled himself. Two patients died from blood poisoning, each from a small wound accidentally sustained. With the exception of these three cases—in each of which, as well as in three others, an inquest was held—all the 43 male and 55 female deaths which have occurred during the eleven months under review have been from natural causes. Post-mortem examination followed

in the very commendable proportion of 91 per cent. of these deaths. In 6 males and 2 females general paralysis was the cause of death: we would urge that a trial be given here of the treatment of this disease by induced malaria. Tuberculosis was the cause of some 11 per cent. of the deaths—its incidence being heavier among the men. The number of cases now resident is believed to be 16 (eight of each sex). The arrangements for their segregation and nursing at the unit known as the Sanatorium are excellent, and the efforts made to render the grounds in front of the building bright and attractive have been very successful.

Infectious diseases, other than the tuberculous cases, have been limited to scarlet fever, of which there have been two cases, and to enteric fever of which, on the female side only, there have been also two cases, one of which was a nurse.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge	28	44	72
Ordinary	90	156	246
Night	22	31	53
Certificated or registered	68	17	85
Passed the preliminary examination only	26	48	74

One male ward in the sanatorium is nursed by women.

We should like to congratulate Dr. O'Neill and those who are assisting him in the medical and nursing work of the hospital both upon the standard of their work, and upon the condition in which we have found this hospital.

Monmouthshire Mental Hospital.

June 7th, 1930.

Since this hospital was last visited by a member of our Board 218 patients have been admitted, 37 have been transferred to other care, 98 have been discharged (57 upon recovery) and 82 have died. Eighty-four patients have been allowed out on trial to test their fitness for discharge, money allowances being granted in 18 cases.

There are now on the statutory books the names of 625 men and 593 women—a total of 1,218, but at the time of my visit 3 patients were out on trial and one was absent without leave, leaving actually in residence 1,214.

The private patients number 97, of whom 33 are women, 43 are "Service" and 5 are "ex-Service" patients. Out-county patients number 82.

The hospital is now over full, there being a shortage of day space of 35 on the male and 25 on the female side, and of night space of 11 on the male and 36 on the female side.

The weekly maintenance charge per head is 15s. 2½d. for home and 22s. 9d. for private patients, the average weekly maintenance cost as last ascertained being 17s. 6½d.

There has been no mechanical restraint since the last visit.

Fifty-six male patients are allowed parole beyond the estate and 85 men and 26 women have parole within the hospital boundaries.

The present nursing staff is as follows:—

	Males.	Females.	Total.
Charge	20	14	34
Ordinary	49	53	102
Night	7	9	16

Thirty-nine men and 20 women are certificated or registered as mental nurses, and 22 men and 20 women have passed the preliminary examination.

During the period under review some important improvements and additions have been made in the hospital, amongst which are the installation of an X-ray apparatus, the chlorination of the hot water supply, and the installation of milk sterilization utensils, milk cooler, and milking machine. These I saw and the latter was actually being used, and seemed to be working satisfactorily and to be capable of being easily cleaned.

The electric light is being extended to the Home Farm and to the male and female cottages, and will, no doubt, be found to be a great boon. A good deal of work is now being done in connection with the additional heating accommodation, and this has to some extent delayed redecoration in some parts of the hospital, which is badly required. Such redecoration as has been done lately has been tastefully carried out, and has done much to brighten the wards and corridors.

During the course of my visit, I saw the Farm, Prospect and Skirrid cottages, Maindiff Court, Glangavenny and Bowler's Farm and the patients living in them.

The gardens in some of these outlying premises were exceedingly bright and pretty, and the patients appeared thoroughly to appreciate the privilege of living there. At Bowler's Farm the steps up from the road want repairing as they are now not very safe for anyone infirm or elderly.

The hospital itself was well-kept, very clean, and comfortable. There was a capital supply of books, magazines, and periodicals, and wherever I enquired I found plenty of paper and envelopes for the patients' use.

The patients were clean, well-clothed, and appeared to be comfortable and happy, and I received practically no complaints.

I noticed that some of the side rooms are badly in need of some repairs to the plaster where it has been picked away by patients. The gardens were nicely kept, and I was particularly pleased to see flowers and good herbaceous borders in the gardens used by the more difficult male patients, and to hear that it is quite the exception to find any of these patients destroying the plants or trampling on the beds.

Adaptors should be procured without delay in order that the Town Brigade fire appliances can be fitted to the hospital appliances.

Dr. Phillips showed me the arrangements he is making on both sides of the hospital for admission wards, and though the materials available prevent their being ideal, I think these wards will be very nice and suitable for the purpose intended. They will shortly be in use and will include two dormitories, a day room, bath room with ordinary and continuous baths and good verandah. The arrangements on both sides are nearly identical.

I was glad to hear that it is proposed to introduce here shortly treatment for general paralysis by induced malaria.

The sick appeared to be in receipt of good and careful nursing and medical attention, and of those in bed few were suffering from serious illness.

Of the deaths recorded 17 were due to heart disease, 12 to arteriosclerosis, and 10 each to tuberculosis and general paralysis. In 65 cases the cause of death was verified by post-mortem examination.

There has been one inquest, the facts of which were fully reported at the time to our Board, and call for no further comment here.

There have been 2 cases of influenza and 2 of enteric fever in November and December last, and 22 cases of dysentery. There was also one case (a nurse) of scarlet fever.

There are now no cases of enteric, and one man is in bed, being watched, with dysentery. Seven men and 10 women are suffering with tuberculosis.

There have been 13 serious accidents involving fractures, 8 being due to accidental falls and 5 being due to being pushed down or quarrelling with fellow patients.

I am sure it will be a source of great satisfaction to our Board to learn that the Out-patient clinic at the Royal Gwent Hospital is now

working smoothly, and the fact that on Thursday last there were 8 new patients waiting to see the doctor seems to show that it is filling a real need.

Dr. Phillips has been appointed Honorary Physician to the Royal Gwent Hospital, and attends now twice a month, but contemplates having to attend oftener in the near future.

Dr. Phillips has to assist him Dr. Peter Lornie, O.B.E., Dr. D. E. Jones, and Dr. W. J. McCulley.

My visit was a most pleasant one, and I was much pleased with the result of my inspection.

Norfolk County Mental Hospital.

September 17th, 1930.

I have to-day made the annual inspection of this hospital, and as the result can speak favourably of the condition of the buildings, and of the way in which the patients are treated.

Unfortunately, the overcrowding, to which attention has been drawn before, still continues, more especially on the female side, and I would again suggest to the Committee that they should consider the erection of an admission hospital with villas for convalescent patients. These are very necessary to provide proper classification and treatment for recent cases, and their provision is the more urgent now that the Mental Treatment Act is passed. The Act, which comes into force in January next, enables both voluntary and temporary treatment patients to be admitted without certification, and it is to be hoped that arrangements will be made whereby these patients may receive treatment quite apart from those whose mental disorder is of long standing, and where behaviour is in any way of a disagreeable character.

On the male side cases suffering from tuberculosis are nursed on a verandah attached to the admission ward, but on the female side an annexe quite away from any ward is provided. This latter arrangement appeared to me to be excellent, though I should have thought that a senior nurse should be in continuous charge of the patients, but to treat tubercular patients in an admission ward seems to be an undesirable proceeding. I hope the Committee will see their way, perhaps by the erection of a special building or hutment, to provide better accommodation for these cases, of whom there are, either in an active or passive stage, some 22 on the male side. Consideration has, I understand, been given to the question of dividing ward "C" on the male side, which now contains 111 patients, into 2 wards, and I hope that, even if a few beds were lost by the division, the improvement will not be allowed to drop. In this ward I noticed several quite young patients who, I am glad to hear, will, as soon as possible, be moved to a home for mental defectives.

In ward 5 on the female side there is a single room with poor ventilation, which I understand is difficult to improve. I hope, whenever it is possible to do so, that this room will not be used for its present purpose.

Of the points mentioned at the last visit the cleansing of the foul linen tins by live steam has been carried out, but, so far, a qualified technical assistant for the laboratory has not been appointed, and no indoor slippers have been provided for the women.

Among the improvements now in progress are the renewal of the electric cables and wiring, outside painting work, and the enlargement of the dental room on the female side.

The changes amongst the patients since the last visit leave on the books the names of 1,223 patients, 490 men and 733 women, and all were in residence, and I believe were seen by me except two men and 5 women, who were absent on trial. One hundred and two patients are chargeable to out-county authorities, 100 being chargeable to Great Yarmouth, and the only private patients are 51 men, all "Service" or "ex-Service" patients.

The weekly maintenance charge is 19s. 3d., the last average cost being slightly over 20s. 5d.

I saw the patients either at work, in the wards, or in the gardens, and gave to every one an opportunity of speaking to me. Generally they appeared to be very contented, and, though a few women were somewhat noisy, their behaviour otherwise was excellent, and except on the question of discharge I received few complaints. The wards were well kept, and there appeared to be a good supply of books and other amusements.

The health of the hospital has been good, and it has been entirely free from infectious disease. The tubercular notifications for 1929, 10·4 per 1,000 population, is somewhat higher than the average of all mental hospitals, but the death-rate from this disease is rather below the average.

Most of those in bed were being nursed for mental reasons, or on account of old age, and few were in any way seriously ill. The sick appeared to be carefully nursed, but I hope the equipment of the sick wards will be improved by the addition of glass-topped hospital trolleys for dressings, etc.

With two exceptions the 63 deaths were due to natural causes, but the causes were verified by post-mortem examinations in less than 50 per cent. of the deaths. The excepted deaths were both due to a suicidal act, one of which was committed whilst the patient was on trial, and all the circumstances in each case were reported to my Board at the time. Inquests were also held in each case.

The death rate for 1929 was 6·6 per cent. for both sexes, that for men being 8·9 per cent., and that for women 5·03 per cent.

I saw a good dinner of meat pie and vegetables being well-served in the wards, and I had no complaints of any kind as to the dietary which appeared to be good and well varied.

The staff consists of 66 male and 97 female nurses for day, and of 10 male and 16 female nurses for night duty. Those certificated or registered as mental nurses number 38 men and 22 women, and 13 of the former and 20 of the latter have passed the preliminary examination for the certificate. Four female nurses are employed on the male side.

Unfortunately, Dr. Connell was absent on holiday, but I was taken round the buildings by Dr. Livesay and Dr. Morris, both of whom have an excellent knowledge of their patients, and gave me all necessary information.

Northamptonshire Mental Hospital.

April 11th, 1930.

In view of the fact that steps for the increase of the accommodation at this hospital and for the better classification of the patients have reached the stage of plans being submitted for the erection of an admission block, a convalescent home and tuberculosis block, as well as a nurses' home, I need but point out that the hospital is considerably overcrowded and express my satisfaction that means for the better accommodation and treatment of the patients will ere long be an accomplished fact.

Whilst the general health is good, there have been two fresh cases of enteric fever since the hospital was visited some five months ago, one in November of last year and one (still confined to bed in the isolation hospital) in March of this year—both male patients. The source of infection in the last case has not been traced. There has been and there is no dysentery, and the number of those suffering from tuberculosis in active form is 10—3 men and 7 women.

The patients confined to bed—34 males and 31 women—were evidently receiving excellent medical and nursing attention. In the absence of verandahs on the female side I was pleased to see that advantage was being taken of the fine day to have several patients under bed treatment out

of doors in the garden, and on the male side, in ward 6, many were being so treated on the verandah attached to this ward.

I visited the laboratory and was glad to learn that the activities in this department are pursued as a help to diagnosis and as part of the medical work of the hospital, with assiduity and interest, and that the X-ray installation is made use of, and has in many cases been found of great assistance.

The suggestions made at the last visit by a member of my Board have received attention, and the house for the deputy superintendent has been completed.

I found the patients, numbers of whom were yesterday in the gardens, to be in receipt of due care and supervision, the wards are well kept, and except in three instances I had no complaints of any kind, on the contrary, not a few of those to whom I spoke expressed themselves as grateful for the attention given them. The three exceptions were male patients, all in the acute ward—two of these were epileptics (one looked upon as dangerous) and both liable to outbursts of excitement and turbulence, the other an imbecile, troublesome and discontented. I went very fully into their statements, that they were assaulted by members of the staff, and satisfied myself that there was no foundation for their allegations.

The washing conveniences in male ward 7, where there are 64 patients, many of whom require much personal attention, is very inadequate—there are but 3 basins—and I think that consideration should be given to the question of finding some means by which this unsatisfactory position can be remedied.

I would suggest, too, that when further renovation and redecoration of the wards is taken in hand, colours should be selected which would tend to brighten them and diminish the institutional appearance, which some of the wards have at present.

Since November 21st there have been 26 deaths—post-mortem examinations were held in 50 per cent.—two of which were due to tuberculosis, one to pneumonia and twelve to heart disease.

The death-rate per cent. for the year ended December 31st last was only 4.95—males 5.32 and women 4.62. No inquest has been held during the period under view, and there has been but one serious non-fatal casualty due to fall in the ward and resulting in a Colles fracture of a wrist.

As a result of the changes which have occurred amongst the patients, there are to-day on the books 473 men and 535 women—in all 1,008, but one patient is absent on trial.

Those classed as private patients number 62, inclusive of 44 “Service” and 4 “ex-Service.”

From Northampton County Borough 296 are received under contract. The maintenance rate for home patients is 18s. 1d., whilst that for private patients belonging to the county is 28s. 7d., and for others 39s. 1d.

The number granted full parole—13—seems small, but 36 have parole within the estate. There has been no mechanical restraint.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	8	10	18
Ordinary - - - - -	45	59	104

for day and 18 (8 male and 10 female) for night duty. No female nurses are employed on the male side. The number of male nurses certificated or registered as mental nurses is 37, but only 5 female nurses are so qualified.

Dr. Stuart has the assistance of Dr. Hayes, the deputy superintendent, and Dr. Reed.

Northumberland Mental Hospital.

May 21st, 1930.

I have to-day paid the annual visit on behalf of my Board to this institution, and am glad to be able to report that it continues to be ably administered by Dr. East, and efficiently maintained for the benefit of the patients resident therein.

During the seven months that have elapsed since my colleague's visit the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	49	56	105
Transferred to other care - - -	1	2	3
Discharged from order - - -	20	41	61
of whom had recovered - - -	16	33	49
Allowed out on trial - - -	16	9	25
Died - - - - -	40	25	65

These changes leave on the books the names of 757 patients in the proportion of 427 men to 330 women. Two men are out on trial; all the other patients are in residence, and have been seen by me during the course of my visit with the exception of 8 men, who are out working on a new pipe line from the water source.

There are no out-county cases, and of the 34 private patients, all males, 32 are of the "Service" class.

The average number of patients resident during the year 1929 was 438 males and 336 females. The total accommodation as returned to me is for 421 patients by day and 460 by night on the male side, and for 317 by day, and for 343 by night on the female side. The day accommodation is over full according to the present numbers in residence, and the vacancies in beds are 35 on the male side, and 13 on the female. These numbers are likely to be increased as more night accommodation has become available, owing to the evacuation of the rooms occupied by the nursing staff. It is to be wished that the day and night accommodation could be made to coincide more closely.

The weekly maintenance charge for the county patients is 20s. 5d. per head, and that for those of the private class 34s. 5d. The average weekly maintenance cost as last ascertained was 21s. 6½d.

I found the patients of both sexes very well behaved, and contented. I received no complaints of any kind, and the appeals for discharge were not numerous.

Two of the three male villas and one female ward are administered on the open door principle, the two former being open to the grounds, and the latter to the ward garden only. One hundred and eight men have parole within the estate. The dress and personal appearance of the patients were satisfactory, and the beds and bedding clean, and well-arranged. The day rooms and galleries were well kept, bright, and comfortable. Arrangements have now been made for a sufficient number of the staff to sleep in the rooms off the wards. I visited the nurses' home, and saw the excellent accommodation provided for them there. Two hard tennis courts have been constructed, and the grounds well laid out with flower beds. The proposal to erect additional verandahs on each side to the admission wards has been dropped. As these were intended for tubercular patients, it is hoped that some other scheme will mature, as from the returns for last year there were 20·7 new cases notified per 1,000 population, and 14·2 deaths per 1,000 population from tuberculosis from this hospital, as compared with the mean rates of 8·5 and 6·9 for all mental hospitals respectively. I visited the disused isolation hospital, and if this could be made reasonably safe from risk of fire and verandahs added it might provide the necessary accommodation for tubercular patients of both sexes.

I regret that the Committee have not as yet seen their way to equip

a small laboratory, and I endorse my colleague's remarks as to its utility.

Further lavatory accommodation is contemplated in one ward on either side. When this is done, and also in the other water closets where possible, I suggest that pedal releases to the flushing system should be installed.

The mortality rate for the year 1929 was 10·85 per cent., 12·55 for men, 8·63 for women, as compared with the mean rates for all mental hospitals of 8 per cent., 8·4 for men, and 7·7 for women.

All the 65 deaths since the last visit were from natural causes, verified in 48 instances by post-mortem examination. No inquest was held. The principal causes of death were general paralysis and organic brain disease in 12 instances each, heart disease in 13, and tuberculosis in 10. The general health of the institution is now good, and no one is suffering from enteric fever or dysentery. Five female patients and one female nurse have been attacked with enteric fever, and one male patient with dysentery during the past seven months. At the present time 11 male patients and one member of the female staff are returned as suffering from tuberculosis. No mechanical restraint has been employed. Twelve women have been secluded for a total duration of 45½ hours.

I saw the dinner meal in course of preparation in the kitchen, and afterwards being partaken of by 157 men and 148 women in the hall, and by the male occupants of two villas. It consisted of corned beef with potatoes and pickled beet-root, followed by bread and cheese. It was properly served, and appeared to be appreciated by the patients. Good order prevailed throughout the meal in the hall.

The two serious casualties were both sustained by female patients in accidental falls.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	11	8	19
Ordinary - - - - -	52	46	98
Night - - - - -	10	10	20
Certificated or registered - -	28	16	44
Passed preliminary examination only - - - - -	18	10	28

During my tour of the wards I found on duty 31 male and 23 female nurses. Dr. East has the assistance of the same two medical officers, Dr. R. Illingworth and Dr. Theonie R. Chapman.

A new matron, Miss Robinson, doubly qualified, has been appointed.

Nottingham County Mental Hospital.

April 24th, 1930.

The changes amongst the patients since the last visit in December, 1929, leave on the books the names of 707 patients, 297 men and 410 women, and all were in residence to-day, and were, I believe, seen by me except one man who was away on trial.

Four patients are chargeable to out-county authorities and 28 are classed as private patients, 21 being men and 7 women.

Both male and female sides of the building are overcrowded, and it appears that the overcrowding will gradually become worse until the erection of the two new villas for female patients. The plans of these villas, and also of the new nurses' home, and of a new house for an assistant medical officer, are now under consideration, and it is to be hoped that the building work will not be in any way unduly delayed.

The weekly maintenance charge is 19s. 10d. per head for home and 24s. 6d. to 42s. for private patients, the maintenance cost as last ascertained being slightly under 19s. 1d. per week.

On going round the buildings I found the patients to be very contented and, though they were all kept indoors on account of the bad weather, their behaviour was good and the wards were quiet and free from noise. I spoke to many of the patients, but I received no complaints as to their treatment, though a number asked if the time had not arrived for their discharge, and a few complained that their friends neither wrote to them nor came to see them. To remedy this last complaint, which seems to me to be a just one, I would suggest that a system be devised to insure that the friends of patients who appear to be neglecting them may receive an official reminder of what is really their duty.

The patients' clothing and footwear are gradually being improved, but I noticed some shortage of stock, especially with regard to night dresses, in some of the female wards.

The day rooms, dormitories and their annexes were well-kept, and the day rooms were well supplied with flowers and books from the central library. In some of the smaller day rooms much space is taken up by the large dining tables, and I hope when opportunity occurs they may be replaced by others of a smaller size.

The health of the patients is said to have been good during the winter months, and, except for 5 cases of dysentery, and one of scarlet fever, still under treatment, there has been no epidemic disease. The tubercular patients number 13, 5 men and 8 women, and in each instance a caution card has been issued to the nursing staff concerning the case. This is also done with regard to cases of intestinal infection.

I saw some 80 females and 30 males confined to bed for various reasons, both physical and mental, a number of whom were being nursed in the open air, but there was little real sickness amongst them. The hospital wards are well-equipped, and the deficiency of bed tables mentioned at the last visit is about to be made good. I was glad to see that glass-topped hospital trolleys have been provided, and to hear that a special issue of milk is made at night so that the nurse can supply any patient who desires a drink.

All the 30 deaths, in 25 of which the cause was verified by post-mortem examinations, were due to natural causes, and it has not been necessary for an inquest to be held into the circumstances of any of them.

The mortality rate per cent. for the year ending December 31st last was 11.05 for the two sexes, that for men being 12.6, and that for women 9.9. Attention was drawn by my colleagues to the much higher rate for male deaths prevailing here, and I understand Dr. Waldo is keeping the matter under observation.

In the kitchen the steamers which are old and much worn are about to be replaced, and in wards 13 and A new exits are being constructed to facilitate the removal of dirty linen.

Besides some already mentioned my colleagues drew attention to a number of matters where they thought improvement could be effected, and I understand these are receiving the consideration of the Committee. Some can be carried out now, but others must wait for the completion of the building scheme. Though it was stated that there were no billiard tables noticed, there are two tables on the male side, each I believe about $\frac{3}{4}$ size. These are in frequent use and a successful billiard handicap is arranged for the patients once a year.

The nursing staff consists of 34 men and 49 women for day, and of 6 men and 7 women for night duty.

Of the men 20 and of the women 23 are certificated or registered as mental nurses, and 10 other men and 8 other women have passed the preliminary examination for the certificate.

Dr. Waldo still has the assistance of Dr. Reid and Dr. Esher, both of whom have a good knowledge of their patients and show much interest in their work.

I thought the hospital was in capital order, and that the patients were receiving careful and skilful treatment.

Oxford County and City Mental Hospital.

September 3rd, 1930.

The changes amongst the patients since my colleagues visited in December last leave on the books the names of 767 patients, 294 men and 473 women, and all were in residence, and, I believe, were seen by me to-day, except 4 women, who were away on trial.

Of this number 200 are out-county patients, 20 women being chargeable to London, 18 men and 19 women to Croydon, 30 men and 99 women to Middlesex, 10 women to Notts County, and the remaining 4 women to various other authorities.

There are 20 men classed as "Service" or "ex-Service" patients, but no others are classified as private patients.

The admissions number 131, the discharges 51, of whom 11 had recovered, and the deaths 51.

Forty-three patients have been allowed out on trial, but to only one of them was a money allowance granted. An allowance during what may be a most difficult time for the patient is often of the greatest value, and I hope it will always be granted if there is the least necessity for it. Vacancies now exist for 3 men and 54 women by day, and 10 men and 36 women by night.

The maintenance charges are 21s. 7d. per week, the average cost as last ascertained being 23s. 1½d.

Accompanied by Dr. Good and, when he was compelled to leave, by Dr. Stewart, I visited all the wards and other parts of the hospital, and I also saw many of the patients in the gardens.

I found the patients generally to be most contented and free from complaint, but, as on the occasion when I last visited, I received some complaints from out-county patients that the friends who visited them when they were in their home hospital are no longer able to do so. In any case where this complaint is well founded I hope steps will be taken to return the patient to the sending hospital. The patients, many of whom were wearing their own clothes, were well-dressed, and the beds and bedding appeared to be very satisfactory.

The wards were bright and well furnished, and the provision of small tables in some of the wards instead of the large dining tables is, I am sure, much appreciated by the patients. It is to be hoped also that in some wards it may be found possible to issue tea in teapots, instead of from urns, and butter in separate pats for each patient.

The day rooms are well supplied with flowers and books, and the gardens were bright and well-kept, but I agree with my colleague that it was a pity to concrete the whole of the garden for the more troublesome women.

The large amount of liberty granted to the patients here, by way of parole, both inside and outside the grounds, and by administering all except a few wards on the open-door principle, must have much to do with the general air of contentment throughout the hospital, and must be a great benefit to the patients' health, as they take full advantage of being able to be in the open air for hours.

The work done in the wards under instruction from the ward sisters at rug-making, fancy needle-work, etc., is also worthy of note not only for the good it does in occupying the patients, but also as the funds obtained from the sales of work can be used for the amusement and other benefits to the patients.

I noticed that the method of keeping the patients' tooth brushes was unsatisfactory, and suggested the provision of racks so that the brushes can be kept apart from one another. I saw a good dinner of roast

mutton with two vegetables and followed by rice pudding being well-served and enjoyed by the patients in the wards, but hope that glass tumblers will be provided instead of the mugs now in use.

During December, January, and February last, one male and 4 female nurses, and 8 male and 6 female patients were attacked by enteric fever, with fatal results in the case of one patient of each sex. Inquiries into the possible cause were made by Dr. Good, assisted by the local health authorities, and by one of my Board's Inspectors, and it was considered probable that the whole epidemic was caused by infection spread by the first case, the male nurse. Certain unsatisfactory features about the purity of the water came to light and a consulting engineer was engaged by the Committee to go thoroughly into the whole question of the supply. His report has not yet been received. There has been no further case since February, and practically all patients and staff have been inoculated.

This epidemic must have caused considerable anxiety to the Committee and Dr. Good, and they must also be concerned at the high tubercular rate in the hospital. From the returns made to my Board it appears that during 1929 17·4 per 1,000 population were notified as new cases of this disease, though the average of notifications for all mental hospitals was 8·5 per 1,000, and that during the same period the deaths were 12·3 per 1,000, as compared with 6·9 for all hospitals. I understand these large numbers may to a great extent be due to the numbers who are admitted already suffering from the disease, but it is obvious that it is a matter that needs the most careful consideration. Apart from the above, the health of the hospital appears to be good, and those under treatment to-day in bed were mostly senile patients, or were being given rest for mental reasons. The sick wards were well-equipped, and the nursing appears to be most carefully carried out. On the male side patients are regularly weighed, but I was surprised to hear that this is not done on the female side. With one exception in which a female patient died as the result of injuries received before admission, all the deaths were due to natural causes, the death-rate for 1929 being slightly over 8 per cent. for the two sexes.

So far this hospital has not been equipped with an X-ray installation as has been done in a number of other hospitals. There is no need to speak of its value, and I hope the Committee will see their way to its provision at an early date.

The nursing staff consists of 38 male and 45 female nurses for day, and of 10 male and 11 female nurses for night duty. Thirty-three of the men but only 12 women are registered or certificated as mental nurses, and 4 men and 17 women have passed the preliminary examination for the certificate. The female staff is short in numbers, and this was obvious in some of the wards. Perhaps the completion of the nurses' home, which it is hoped to occupy in the near future, will be a help, by making the nurses more comfortable, in filling up the numbers.

Much redecoration has been carried out both inside and outside the hospital, and a screen has been fixed in front of the lavatory in ward A.5. This is a great improvement, and it is to be hoped that the lavatories in other wards will be treated in the same way as opportunity occurs.

Dr. Good still has the assistance of Dr. Davies-Jones and Dr. Stewart as medical officers, and of a consulting physician and surgeon. Dr. Neuman, who was away to-day, continues to carry on his valuable research work in the laboratory, and it was very satisfactory to hear that the post of pathologist, as apart from that of medical officer, is to be a permanent post for the future.

There is no need to speak again of Dr. Good's well-known work at the Radcliffe Infirmary, but I should wish to congratulate him on being President of the Royal Medico-Psychological Association, and on the success of the meeting of the Association held in July last.

Salop Mental Hospital.

April 8th, 1930.

At the time of the last visit from a member of my Board, about four months ago, an outbreak of scarlet fever—the source of which was obscure—which had started in the autumn of last year, was still prominent. The disease was confined to two male and three female wards, and with a view to preventing further infection steps were taken to segregate the patients. The male cases were warded in male ward 5, and the females in the isolation hospital. There are at the moment six men and one woman suffering from the infection in active form, and it is hoped that the spread of the disease has now been stayed. There has been a case of paratyphoid fever, and there are five patients suffering from tuberculosis in an active state. Apart from this the health of the hospital has been good, and of the 98 patients (males 40—females 58) whom I saw under treatment in bed there were but 2 or 3 who were acutely ill. The others were being so treated in consequence of their mental symptoms or for general debility and minor ailments. Those in bed were in receipt of due nursing care, and I may say, that throughout the hospital the patients appeared to be receiving tactful supervision and attention. The wards are in good order and, as I went through them and talked to numbers of the inmates, I was pleased with the general air of contentment that prevailed.

Trial is freely used and money allowances are made whenever it is thought such assistance would prove helpful.

As many as 53 patients are allowed full parole, including 4 women and 21 (4 women) have a more limited freedom within the grounds.

The mortality rate per cent. for the year ending December 31st last was 9·22 (males 12·05—females 6·95), and the deaths since the last visit number 21, in 5 of which post-mortem examinations were held. The percentage of cases in which such examinations are held at this hospital is low—in 1929 it was only 27 per cent. Dr. Hughes is fully alive to the importance of this matter—for many reasons—and assures me, that there is every desire to increase the proportion, but that objections from relatives are the real cause of so comparatively few examinations taking place. There were no inquests. There has been one death from general paralysis, one from tuberculosis, two from heart disease, and one from erysipelas.

The operating theatre has now been completed, where violet ray treatment is also to be carried out, a wireless installation has been fitted throughout the wards, and the laundry has been supplied with a new washing machine. Alterations to male ward 5 are in progress, and plans for improving the sanitary arrangements in this ward are under consideration. It is in contemplation to add verandahs to male wards 6 and 7.

As a result of the changes amongst the patients since the last visit there are 386 males and 501 females, in all 887, on the books—3 women are on trial, leaving in residence 884.

The opening and occupation of Copthorne Hall, where there are 40 quiet parole patients in residence, under very favourable and comfortable conditions, has to some extent relieved the conditions on the male side of this hospital, but there is still overcrowding on this side of the hospital in respect to day accommodation of 25 patients, and on the female side the overcrowding by day is 75, and in regard to night space 41.

The position evidently requires consideration. Dr. Hughes undoubtedly makes the best of the resources at his disposal, but this hospital cannot take its place amongst those hospitals which are best equipped for the treatment and classification of those mentally ill, until up-to-date provision is made for the care and classification of new and convalescent cases.

The maintenance rate for home patients is 14s. 7d., and for private patients from 21s. to 23s. 6d.

To-day's dinner was good, and evidently to the patients' liking.

There has been no mechanical restraint.

The serious non-fatal casualties only numbered two, each resulting in a fracture and due in each case to an accidental fall.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	8	11	19
Ordinary - - - - -	34	35	69

for day and 8 and 9 respectively for night duty.

There are 13 males and 9 female nurses who are certificated or registered as mental nurses.

Dr. Hughes has the assistance of Dr. Rodger, the deputy superintendent, and Dr. Osborne Smyth.

Somerset and Bath Mental Hospitals.—1. Wells.

March 12th, 1930.

Since this hospital was last visited by one of our colleagues in June of last year a considerable amount of very important work has been done in the way of improvement and addition. The electric light installation has been completed, and will no doubt prove to be a boon to all concerned, in addition to which, the decorations, painting and ceilings of the hospital will not now suffer to the same extent as they did from the gas.

We were delighted to find that the hospital now possesses a cinema, and as we expected, it has proved a great success. The apparatus is a portable one, which is set up on staging in a fireproof box in the open air behind the stage, and is entirely cut off from the buildings, the projection being through a glass screen and then through a transparent screen.

Other important works have been the completion of the refrigerating plant, the making of emergency exits in the recreation hall, new fittings in the central stores office, a steam fire syren, and the installation throughout the buildings of the Post Office telephones.

At present the work of redecoration is proceeding in some of the wards, and is, owing apparently to the faulty work originally, proving much more serious than one would expect, involving a great deal of replastering and new ceilings.

We were glad to hear that new pattern poison cupboards are being put up by degrees, and hope that nothing will be allowed to interfere with this work.

We found the wards well-kept and well-ventilated, nicely decorated with plants, and fairly well supplied with books and magazines. The dormitories were clean, and the beds and bedding seemed to be satisfactory. Once again we wish to point out that the practice of rolling up the night dresses and putting them in lockers is not satisfactory, and we think that some arrangement could easily be made whereby every patient could be certain of getting her own night dress. The male side is still not yet supplied fully with night shirts, and we hope that this will be rectified before long.

The patients themselves were suitably clothed, clean and generally extremely orderly. In the wards where the more troublesome patients are housed there was very little noise, indeed, on the male side, none at all, and throughout the hospital there was a total absence of complaints except on the matter of discharge. There seemed to be a very friendly feeling existing between the medical and nursing staff, and the patients and several of the latter spoke with gratitude of the kindness they had received here.

In the course of our visit we saw the kitchens, laundry, viewing room, and the two female villas.

There are now on the books of the hospital the names of 373 men and 458 women, of whom 2 of each sex were out on trial at the time of our visit. With these exceptions we believe that we saw all the patients. Twenty-one patients have been allowed out on trial to test their fitness for discharge, money allowances being granted in 6 cases.

There are 49 private patients, including 18 women, 23 "Service" and 1 "ex-Service" patient.

Out-county patients number 27, the majority being Staffordshire cases. From the returns made to us to-day, there appear to be vacancies for 18 females by day, and 16 males and 79 females by night.

The weekly maintenance charge per head is 19s. 3d. for home patients, and 21s. to 42s. for private patients. The average weekly maintenance cost as last ascertained being 18s. 201d.

The present nursing staff consists of 111, and is composed as follows:—

	Males.	Females.	Total.
Charge - - - - -	6	9	15
Ordinary - - - - -	38	48	86
Night - - - - -	4	6	10

Nineteen men and 10 women are certificated or registered as mental nurses, and 4 men and 6 women have passed the preliminary examination.

In the course of our visit we found that 22 females and 7 males were in single rooms on account of excitement, or for some other mental reason. We fully recognize the necessity for the withdrawal from the general ward temporarily of excitable patients, but we found that in one or two cases this isolation had been imposed more continuously than would seem to be desirable. Upon enquiry were were told that all these patients had been repeatedly got up and tried out of doors, and we realise that occasionally cases occur which tax the resources of the staff to the uttermost. Nevertheless, we feel that further means of treatment of excited patients are desirable here, and would suggest that open-air verandahs are necessary on both sides of the hospital, and also that continuous baths should be installed.

We visited the sewing room and found the patients there cheerfully employed, they were however all patients capable of being usefully employed. We should be glad to hear of the establishment of an occupation department where patients, now idle, could be trained to employ themselves in a variety of ways giving them a new interest in life. For certain patients allotment gardens would be valuable in this direction. It was pleasant to hear that picnics are held in the summer, and that the nursing staff take great pains to do what they can to lessen the monotony of hospital routine. We discussed with Dr. McGarvey the possibility of having special parties for the less orderly patients, a plan adopted with great success elsewhere.

We were satisfied that the sick and infirm are receiving proper medical and nursing care. In the sick wards for women we learnt that extra beds were brought in at night. As the cubic space in this ward is already fully taken up, the addition of 5 or 6 beds at night should not be allowed.

There have been 49 deaths since the last visit, all from natural causes, and calling for no special comment. There have been no fatal accidents or inquests. Only 3 casualties involving fractures of bone are reported, all of which were purely accidental.

There have been, amongst the patients, no cases of dysentery or enteric fever, but one female member of the staff is now suffering from the latter disease. All new patients are tested with the Widal reaction to exclude the possibility of the introduction of further "carriers" unawares. There is extremely little active tuberculosis and only one case of influenza is reported.

Dr. McGarvey, who accompanied us on our inspection, has to assist him Drs. Darlington and Menzies.

Somerset and Bath Mental Hospitals.—2. Cotford.

March 13th, 1930.

The changes that have taken place since this hospital was last visited by a Commissioner have left on the books the names of 352 men and 437 women, a total of 789. There were, however, at the time of our visit 5 patients away on trial, leaving in residence at the hospital 351 men and 433 women, 784 in all. All these patients have, we believe, been seen by us in the course of our visit here to-day. During the period under review 117 patients have been admitted, 2 have been transferred to other care, 53 have been discharged (42 upon recovery), and 45 have died. Thirty-nine patients have been allowed out on trial to test their fitness for discharge, money allowances being granted in 9 cases. Private patients number 82, of whom 38 are women, 27 are "Service" and 5 are "ex-Service." Out-county patients number 21.

The returns furnished to us to-day show that the hospital is overcrowded to the extent of 5 men and 40 women by day, and overcrowded by 28 women by night, though there are 6 male vacancies by night.

The weekly maintenance charge per head is 19s. 3d. for home patients, and 26s. 3d. to 29s. 9d. for private patients, the average weekly maintenance cost as last ascertained being 18s. 4.16d.

One patient (F) has been mechanically restrained on 10 occasions for a total period of 208½ hours for surgical reasons. There has been no seclusion.

Parole is usually granted to 8 male patients beyond the estate, and to 34 male patients within the estate.

The nursing staff at present is as follows:—

	Males.	Females.	Total.
Charge - - - - -	8	8	16
Ordinary - - - - -	36	47	83
Night - - - - -	6	7	13

No women nurses are employed on the male side.

Of the male nurses 38 and of the female nurses 12 are certificated or registered as mental nurses while 2 men and 9 women have passed the preliminary examination.

We found the patients on the whole fairly quiet, such noise as there was being accounted for by a few individuals. They were suitably dressed, and except on the score of detention we had very few complaints. The wards were well-kept and nicely decorated with plants and artificial flowers. We should like to see letter boxes in all the wards for the use of patients, and we noticed that the poison cupboards are not at present quite what we approve of. We, however, discussed the matter with Dr. Aveline and find that there has apparently been some misunderstanding on the point, and we have no doubt that he will give the matter further attention. We are glad to see some rug-making going on in the wards and very much hope that a further development of ward work of this, and of perhaps a simpler nature, will take place with a view of encouraging patients, who would otherwise be idle, to employ themselves. We were glad to hear that a small shop has been started for women, but we venture to suggest that its scope might be enlarged and a regular canteen started where both male and female patients can make purchases at stated times.

We were not quite sure that all the wards were sufficiently well supplied with writing paper, and we hope that charge attendants and nurses will keep sufficient paper and envelopes to meet the reasonable requirements

of the patients. We noticed that no toilet paper is supplied in the lavatories, and we think that this is desirable in spite of the fact that we know well it is often put to uses for which it was not intended.

No nightshirts are supplied on the male side, and we venture once more to express a hope that they will be supplied even if it has to be done gradually. It is true that two patients to-day told us they had never worn one and never wanted to, but neither that fact nor the argument that they cannot be persuaded to wear them impresses us. We know that in similar institutions elsewhere patients have soon got used to wearing night shirts.

There are two other matters which we should like to mention (1) we should like to see the number of roller towels decreased and of hand towels increased and (2) we wish to point out the necessity of seeing that the dinner plates are warmed, otherwise a nicely cooked dinner, such as we saw served to-day, may be made quite unpalatable and unappetising.

Of the 45 deaths, all with one exception were from natural causes. The most frequent cause of death was senile decay (8) and pneumonia (8 cases) and there were 6 deaths from tuberculosis.

One male patient committed suicide the day after he had left the hospital on trial by cutting his throat. It is noteworthy that before he left he assured the medical staff that he had no intention of injuring himself, and he was considered fully convalescent.

There is but one case of dysentery reported and none of enteric fever.

There are now 5 male patients suffering from tuberculosis and isolated in a separate ward. In the summer these cases are nursed in shelters out of doors, but there are unfortunately no verandahs on the male side. Four women with tuberculosis were being nursed on verandahs.

Only 4 serious casualties have occurred, 2 cases of fractures, and 2 of dislocations of bones due to accident.

We are sorry to hear that it has not been found possible to appoint consulting specialists as recommended on former occasions by some of our colleagues. We venture once more to point out how important it is that newly-admitted patients should have the advantage of readily obtaining skilled examination regarding their bodily health, and the medical staff of the hospital would frequently be relieved of anxiety regarding the health of the patients and staff were the services of a consultant readily available at any time.

We would further emphasise the value of co-ordinating the medical services in the district; on the one hand specialists in surgery, eye, ear, and nose diseases and gynæcology can render valuable service in this hospital, whilst on the other hand the establishment of a psychiatric clinic in the general hospital and staffed from this hospital would do much to lessen the incidence of mental disorder.

Dr. Aveline, who accompanied us round the hospital, has still to help him Drs. Graham and Dr. Eyre.

Staffordshire Mental Hospitals.—1. Stafford.

May 3rd, 1930.

Visiting this hospital during yesterday afternoon and this morning I was sorry to miss Dr. Shaw, who was absent, but I was accompanied through the wards and given all necessary information by Dr. Drury and his medical colleagues. Dr. Drury is leaving shortly to take up the post of medical superintendent at the Leicester and Rutland Mental Hospital, and his present post is to be filled by Dr. Sharpe, who is now second assistant medical officer and bio-chemist. Dr. Costello is acting as *locum tenens*, and a new assistant has been appointed who will join in a few days.

I found the wards and their annexes to be in good order, and the patients generally to be contented and free from complaint, except on

the score of their detention. They were as a rule most quiet and orderly in their behaviour, but there was some noise in the airing courts for the most troublesome patients. These courts are much shut in and are most unattractive, and it is to be hoped that efforts will be made to improve them, though there are, no doubt, great difficulties in the way.

The patients were well and tidily dressed, and I was glad to see that an improved class of outdoor boot is being obtained, and that all are supplied with indoor slippers.

In the sick and admission ward on the male side, ward 8, I noticed that there were only two members of the nursing staff on duty to take charge of 31 patients. A ward of this character should, in my opinion, have a much stronger staff, especially when it is remembered that at times one of the nurses may be absent for meals or for other reasons, and it was noteworthy that in the similar ward on the female side the staff on duty numbered five. I hope attention will be given to this.

In the isolation hospital, where 20 working patients are accommodated, three of them sleep in a room in the staff quarters on the first floor. There is only one staircase leading to this floor, and there is no second exit in case of fire. Unless a second means of exit can be provided the patients should no longer sleep there.

My attention was drawn to more than one patient who never receives visits or letters from friends or relatives, and I suggested to Dr. Drury that it would be an excellent thing if a system could be devised so that in all such cases the friends should be communicated with officially with a request that they should carry out what is their obvious duty in the matter.

On enquiring into the stock of clothing, etc., kept in the various wards I found it impossible to make sure from the stock books what is the actual position. Perhaps attention will be given to this matter.

In the wards I saw a fair number of patients employed in sewing, knitting and rug making, but I have no doubt that the numbers of those usefully employed, especially on the female side, would be largely increased if the Committee would appoint an occupation officer who is skilled in various occupations.

The health of the patients has been good through the winter months, and except for one case of severe diarrhoea there has been no epidemic disease in the hospital. The medical work carried on in the hospital is of a high order, and it is backed up by the excellent work done in the laboratory where, besides research work, all the ordinary routine tests are carried out as an aid to diagnosis and treatment. The medical staff have also the assistance of Dr. Cookson as consulting surgeon.

Though it is hampered by the absence of verandahs the nursing of the sick and recent cases is well carried out in the infirmary wards, and those suffering from tuberculosis are nursed apart from others, the men in the excellent tubercular annexe and the women in a separate portion of the detached block. These number 10 males and 8 females. I suggested to Dr. Drury that in all sick wards a special issue of milk, soda, lemons, etc., should be given for the use of the night nurse, so that no patient who desires it should fail to have a drink during the night.

All the 50 deaths were due to natural causes, but the cause was verified in only 26 of the deaths by post-mortem examination. Only one inquest was held, and this calls for no comment.

The death-rate for the year ending December 31st last was 9.68 per cent., as against 7.72 per cent. for the previous year. I was told that the increase is mostly due to the deaths of a number of senile cases during last year.

In the laundry the passage between the drying horses was excessively hot. A number of patients work here, and I hope steps will be taken by means of a fan or otherwise to improve the ventilation.

The changes amongst the patients since the last visit leave on the

books the names of 492 men and 566 women, a total of 1,058 and, except for one of each sex, all were in residence to-day. In addition 27 male patients are boarded out under contract.

The overcrowding to which attention has been drawn on previous occasions still persists, and there is now an excess of 25 males and 7 females by day, and of 42 males and 64 females by night.

The new admission hospital for which the plans have been passed, but which has not as yet been commenced, will do something but not enough to remedy the matter.

It is recorded that 14 patients have been allowed out on trial, but only two have been granted money allowances to help them through what will in all probability be a most difficult period.

The maintenance charges are 22s. 2d. per week for home and 25s. 11d. for "Service" patients, the actual maintenance cost as last ascertained being slightly over 20s. 9d. Apart from the "Service" patients, there are no patients of the private class.

In addition to the new admission hospital there are a number of contemplated improvements which have been provided for in the estimates. Amongst these may be mentioned internal and external painting and an extension to the medical officers' quarters.

Improvements already carried out include the provision of a urinal in M.1 court, the installation of a gramophone amplifier in the recreation hall, a new floor in M.7 ward, and the reconstruction of M.8 lavatories. I was surprised to notice that in the last improvement the w.c.s are open in front and without half doors.

The staff consists of 72 men and 68 women for day and of 10 men and 13 women for night duty. Fifty men and seven women are certificated or registered as mental nurses, and thirteen of the former and four of latter have passed the preliminary examination for the certificate.

Though I have drawn attention to a few matters where I thought improvement is needed I consider that the patients are being most carefully and kindly treated.

Staffordshire Mental Hospitals.—2. Burntwood.

April 10th, 1930

Without entering into details I can say that this hospital is well maintained throughout; a considerable amount of internal decoration has been effected and the wards presented a well-kept and comfortable appearance, where I found the patients contented with their surroundings. In many instances I had expressions of gratitude for the manner in which they are treated by the medical and nursing staff. It is evident that considerable attention is given to the patients' employment, and I was glad to note the number who are engaged in other than mere ward work. The handicraft work continues to be a feature in the women's club ward, and no doubt every endeavour is made to encourage this and other forms of occupation, which tend to relieve the monotony of life in an institution and in many instances are so helpful towards recovery.

The Committee are so well aware of the overcrowded condition prevailing here that I need but express a hope that in the near future means will be adopted to ameliorate the position. Notwithstanding the fact that 40 male patients are boarded out under contract, there is still an excess of this sex, by day of 55, and on the female side the lack of space is still more marked, where there is overcrowding to the number of 113.

The suggestions made in the last report have received consideration; butter is now issued on two days a week and all available dripping is made use of for the patients' benefit, the provision of a full sized billiard table in male ward 5 will be carried out as soon as one can be obtained at a reasonable price, better arrangements have been made for washing up the crockery in the wards to which attention was directed, a clinical room

has been provided in ward 5 on the male side and provisional arrangements made in other wards for private interviews between patients and medical staff. The question of an additional medical officer is for the moment in abeyance, and I need only say that I hope it will again be reconsidered.

Electric light is being gradually installed—it has been extended to female wards 5, 8 and the infirmary—plate warmers have been placed in the female wards, and a calorifier and circuit for domestic hot water have been supplied in the female division. It is in contemplation to instal a water softening plant for the boilers and laundry and to extend further the electric lighting system.

At my visit there were 85 patients (M. 32, F. 53) undergoing treatment in bed, but with few exceptions none were suffering from acute physical illness. They were evidently receiving careful nursing and all due attention.

During the comparatively short period which has elapsed since the last visit from a member of my Board, the general health has been and continues to be good. There have been but five cases of influenza, and whilst there has been a like number of dysenteric cases no one is at present suffering from this infection and there are but 5 patients (four male and one female) who are considered to be actively tubercular. There has been no case of enteric fever, and, it may in this connection be noted that the old water supply is not made use of for any purpose and that the public water in use at the hospital is carefully and regularly tested.

Work in the laboratory is actively pursued with a view to assist in diagnosis and as part of the general medical work of the hospital.

Since November 29th of last year there have been 58 admissions and consequent upon the changes which have taken place amongst the patients there are on the books 414 men and 531 women, of whom 46 are "Service" and 7 "ex-Service" patients. Two patients are on leave, so that those in residence number 943. The patients who were discharged on recovery numbered 20 and to 3 of the 14 patients who had been on trial money allowances were made. No doubt consideration is made as to the advisability of making such allowances in all instances where it would prove helpful at so critical a period.

The maintenance rate is for home patients 22s. 2d. and for "Service" and "ex-Service" patients 25s. 11d.

There has been no mechanical restraint.

Thirty patients are allowed full and 18 (including 6 women) a more limited freedom, and although this is a matter entirely for Dr. Reid, with his intimate knowledge of the patients, I wonder if the number could be increased.

The death-rate, which for the year 1928 was 12 per cent. of the average daily number resident, fell in 1929 to 9.88 per cent. (males 13.57 per cent., females 6.55 per cent.).

General paralysis was the cause of death in 10 instances, epilepsy in 4, tuberculosis in 3, and pneumonia in 5. No inquest was held. It is again satisfactory to observe the high proportion of cases in which post-mortem examinations are held, viz., in 32 out of 38 deaths which have occurred during the period under review.

There have been but two serious non-fatal casualties, which were due to accidental falls and call for no comment.

The nursing staff consists of: charge male nurses 8, ordinary male nurses 47, charge female nurses 9, ordinary female nurses 49 for day, and 6 and 8 respectively for night duty. No female nurses are employed on the male side. Those who are certificated or registered as mental nurses number 42 men and 12 women.

I may say that I was pleased with the tone and (apart from the overcrowding) the general conditions which I found prevailing at the hospital.

Staffordshire Mental Hospitals.—3. Cheddleton.

November 19th, 1930.

In view of one's past experience, it is perhaps almost unnecessary to say that this hospital presents throughout a well-kept and attractive appearance, that it continues in all respects to be admirably administered and that the patients are receiving due care and attention, whilst those who are confined to bed or are in any way in need of special nursing and treatment are being kindly and skilfully nursed.

I should say that I received no kind of complaint from any patient as to treatment and, judging from my conversations with many of the inmates, there appeared to be a general air of content throughout the institution. This is undoubtedly to be accounted for to some extent by the attention which is given to the occupation of the patients, so many of whom are always engaged in useful work not only on the grounds and the usual centres of industry but also in the wards—the diet also is very good and varied and not a few have full parole beyond the estate and some a more limited freedom within the grounds.

I may mention that the sister in charge of the sewing room who has some training in handicraft work has recently been appointed as occupational officer, and will now enter on the duties attached to her new appointment.

The children's wards, which are a feature at this hospital, presented the usual busy appearance when I visited them, and the result of their instruction shows what can be done with children of the most unpromising appearance. One sees them at work varying in character from that of the simplest forms to that which requires no small amount of intelligence and careful application.

I was glad to see that in the female convalescent ward lockers are being provided for the patients with keys in which they can store their own things and to learn that should this prove a success they are to be extended to other wards; also I noted with approval that in some of the wards small tables are being introduced.

Hot water has been provided in a male ward lavatory annexe, as was suggested at the last visit, and this improvement is to be introduced into other wards.

Labels indicating the floor space have been fixed, I believe, throughout the building and a canteen has been lately started on the women's side of the hospital.

Considerable attention is given to the patients' dress and the variety in colour and style was quite noticeable.

Additional and up-to-date drying apparatus has been added to the equipment of the laundry, whilst a new verandah in connection with male ward 6 is in course of construction and new farm buildings are now being erected.

I am more than pleased to learn that it has now been decided to establish an admission hospital with its necessary adjuncts and hope that it will soon be taken in hand. The lack of such a unit at this hospital has long been felt, and it is most satisfactory to know that this hospital will ere long have the advantage of so necessary a means for the reception of the new and early cases.

As a result of the changes which have taken place since the last visit, including 132 discharges, 64 on recovery, and 46 dealt with under s. 79 of the Lunacy Act, there were on the books 615 males and 567 females, in all 1,182, and none at present being on trial, there is a like number in residence. The private patients number 84, including 54 "Service" and 4 "ex-Service." From the figures supplied to me and from one's own observation, the hospital is considerably overcrowded. It has to be remembered too that 78 men and 38 women are boarded out under contract. At the moment I will say no more on this matter as I understand the

question is now under serious consideration and will shortly be discussed with my Board.

The maintenance charge for home patients is 22s. 2d., and for private patients 42s.

There have been 76 deaths and in one instance an inquest was held, the verdict returned being "patient committed suicide whilst of unsound mind." The patient, who was on a suicidal card, went from a corridor where she was at work into an adjoining clinical room, set fire to her clothes, and died as the result of burns in the course of a few hours. The Committee after enquiry dispensed with the services of the nurse in charge of the patient. The circumstances were duly reported to my Board.

The mortality rate per cent. for the year ending December 31st last was 8·82—males 7·64 per cent. and females 10·23 per cent.

Post-mortem examinations were held in all but two of the 76 deaths which have taken place. The principal causes of death were general paralysis in 10 instances, epilepsy in 6, heart disease in 8 and tuberculosis in 11.

There are at present 10 patients suffering from pulmonary tuberculosis and 4 from other forms of that disease. The deaths from this disease, which average 6·9 per thousand in mental hospitals generally are apparently 15·3 for this hospital, according to the figures compiled at my Board's Office—still abnormally high, though a reduction on the figures noted in the last report.

There have during the period under review been 26 cases of influenza amongst the patients, one case of enteric fever, 10 cases of dysentery and 9 of erysipelas, but at present there is no case of dysentery under treatment.

There have been 5 cases of serious non-fatal casualties, in one of which a patient, who was resistive (attacking his nurses), and during a struggle which ensued rolled off his bed, sustained two fractured ribs. Dr. Menzies, I understand, fully enquired into the circumstances at the time.

The nursing staff consists of:—

							Males.	Females.	Total.
Charge	-	-	-	-	-	-	11	13	24
Ordinary	-	-	-	-	-	-	65	53	118

for day, and 10 and 16 respectively for night duty. On the male side 11 female nurses are employed by day and 4 at night. Those certificated or registered as mental nurses number 53 male and 24 female nurses. It is satisfactory to learn that a sister tutor has been appointed who has taken up her duties.

I was sorry not to see Dr. Menzies, who is away for a day or two, but I received all possible assistance from Dr. Wilkins, the deputy superintendent, and his medical colleagues.

E. and W. Suffolk District Mental Hospital.

November 20th, 1930.

Since this hospital was visited in May, 1929, two excellent verandahs have been erected, one being attached to ward 12 on each side of the building, and patients from these wards can now be nursed, both by day and night, in the open air. The verandahs are built with a pitched roof, so that good ventilation and light are given to the ward to which they are attached, and, so far, no fault has been found with this method of construction.

The hospital is still lacking in such special facilities for medical treatment as an operating theatre, X-rays, violet rays, and continuous baths, but I was glad to hear that the question of arranging a theatre is now under consideration.

The need for the erection of an admission hospital, which is all the more necessary now that the Mental Treatment Act is passed, has been brought to the notice of the Committee on several occasions, and it is hoped that they will give further consideration to the matter, and that if and when it is erected a well-equipped medical unit will be attached to it.

I would again suggest that the keys for the letter boxes in each ward should only be kept by one of the higher officials, so that any patient, who might wish to do so, could write freely concerning any matters in the ward with the knowledge that the nurses of the ward would not have an opportunity of reading the letter.

There are now on the books of the hospital the names of 510 males and 572 females, but of this number 34 of each sex are boarded out at the Kedington institution, and 3 men and 4 women were absent on trial, so that the numbers actually in residence were 473 men and 534 women, a total of 1,007.

The overcrowding has, to some extent, been relieved by the boarding out of patients, but there is still an excess of 23 men and 10 women by night, and of 39 women by day. This overcrowding is specially noticeable in wards 13 on each side, where beds have been placed in day rooms.

There appears to be some shortage of staff on the female side, and my attention was particularly drawn to this in ward 8, where some of the more troublesome patients are treated. Here were 55 patients with only 3 nurses in charge, though 9 of the patients were epileptic, and 4 were considered to be actively suicidal.

During yesterday afternoon and this morning I have been round the wards and other departments of the hospital, and to the best my belief I have seen all the patients.

Both days were wet and for the most part the patients were confined indoors, but their behaviour was most quiet and orderly and there was no sign of irritation or noise anywhere. They appeared to be most contented and to be on excellent terms with the members of the staff.

The day rooms were comfortably furnished and well supplied with flowers, ornaments, books and games, and I was glad to see that the system of furnishing single rooms with chests of drawers, etc., is gradually being extended.

The patients' clothing and bedding was quite satisfactory, and the excellent system of supplying each patient with his or her outfit on admission, which is to be kept for the patients' sole use, is, I understand, to be introduced.

The wards and their annexes were all very well kept, and the condition of the hospital generally was most satisfactory.

There was one matter, the absence of doors to the w.c.s in a few wards, which I hope will be remedied.

Four wards on each side are administered on the open-door principle; 26 male patients are allowed full parole beyond the estate; and 64 men and 18 women are given more limited parole within the grounds.

Trial is freely used and money allowances have been made to any who needed this assistance to tide them over a difficult period.

The health of the patients appears to have been good, and, though there were a number under treatment in bed, the majority were being nursed for mental rather than physical reasons.

There is still some shortage of bed tables in the wards where those in bed are as a rule treated, and I thought the addition of hospital trolleys for surgical dressings, etc., to some wards would be a great improvement.

All the deaths were due to natural causes, but the cause was only verified by post-mortem examinations in 48 of the 91 deaths. One inquest was held.

Little is done in the hospital in laboratory work, but any tests considered to be necessary are carried out at Ipswich. As there are only two

assistant medical officers for over 1,000 patients, it is no doubt impossible for them to spend time in the laboratory as they must be fully employed in the clinical work in the wards. When temporary and voluntary patients are admitted under the new Act, the need for greater individual attention to patients must arise, and the addition of a third assistant will be more necessary even than it is now. I hope the Committee will see their way to making another appointment at an early date.

The nursing staff consists of 63 male and 49 female nurses for day, and of 9 men and 13 women for night duty. Forty-five men and 18 women are certificated or registered as mental nurses, and 14 other men and 13 women have passed the preliminary examination for the certificate. The proportion of both men and women who are trained is very good.

Miss Simpson, the matron, left last year, and has been replaced by Miss Ruark, who is doubly trained. Miss Ruark has as assistants an assistant matron and sister tutor, the last-named also being doubly trained.

I was unfortunate in missing Dr. Brooks Keith, who was attending a conference in London, but in his absence I was shown round and given all assistance by Dr. Burke and his colleague Dr. Crawford.

Though I have drawn attention to various matters concerning treatment where I thought improvements should be introduced, I was most pleased with my visit and with the happiness and contentment of the patients.

Surrey Mental Hospitals.—1. Brookwood.

July 15th, 1930.

We have to-day completed our annual inspection of this hospital on behalf of our Board. We spent yesterday in seeing the patients of both sexes in the main building, leaving some of the outlying buildings until to-day.

Since our colleagues were here in January last year 12 cottages have been completed on the estate, plate warmers have been added to all wards in the main building, and in F. 10 E., an extension has been made to the fire station, and automatic telephones have been installed. The new reception hospital is nearing completion, and additions are being made to the nurses' home. There are several other smaller alterations and improvements, which it is not necessary to enumerate here.

We found the patients of both sexes very contented and free from complaints. We endeavoured to give all an opportunity to speak to us, and we gave a number of semi-private interviews in the wards to those desiring to see us alone, and two private interviews to a male and a female patient.

The wards were well-kept and comfortable, well-furnished, and very prettily decorated with flowers. We thought that some of the day rooms were short of books and that it is a pity to keep the bookshelves locked in others. That some patients are destructive we are well aware, but we think that in spite of this it would be better to allow the patients to have free access to book shelves. The matter is largely one of training, and we noticed that in the ward set apart for the more difficult female patients the occupants have learnt to enjoy the cut flowers put there for their pleasure, and to avoid destroying them; we believe that they would very soon learn to take care of books, though of course some destruction and mutilation is inevitable.

We hope the Committee will see their way to have inside locked doors fitted to the medicine cupboards for the storage of poisons throughout the hospital; our experience teaches us that this precaution is really necessary.

We were much struck with the ward gardens on the male side, which were nicely kept and were very bright with roses and other flowers. We

were glad to hear that a monthly, instead of a weekly, menu is now prepared of the patients' meals. We saw a very good dinner being prepared and afterwards being served yesterday, consisting of roast mutton, potatoes, green peas, and steamed pudding. We tasted the food and found it well cooked and very palatable.

We should like to see physical drill and exercises started on both sides of the hospital, and if some simple "gym" costume could be made in the workroom for the female classes we believe that that would add to the pleasure of the female patients.

We were glad to hear that a steam trousers press had been procured for the tailor's shop, and feel sure that it will add to the life and appearance of the men's clothing.

We hope very much that Dr. Lowry will be able to devise some system whereby a record may be kept of the visits paid by friends and relations to patients so that it can be seen at a glance what patients are not visited at all, and that it can then be someone's duty to write and ask the relatives to try to visit. We feel it is very important to endeavour to arrange as far as possible that no patient shall feel that he is out of touch with the outside world, or that he has been forgotten by those at home.

In the isolation hospital which we visited this morning, we agree with our colleagues that smoke doors at least at the top of the staircases are very necessary.

The changes that have taken place during the period under review have left on the books the names of 1,427 patients; 4 patients were out on trial at the time of our visit, and 1 male patient was absent without leave, leaving actually in residence 1,422, or 569 men and 853 women. The only private patients are the "Service" patients (23) and the "ex-Service" patients (4).

Seventy-five patients have been allowed out on trial to test their fitness for discharge, money allowances being granted in 17 cases.

The weekly maintenance charge and cost are respectively 21s. 7d. and 21s. 11.482d.

Three wards or villas on each side of the hospital are conducted as open wards, and 63 men and 2 women have parole within the estate. The present nursing staff is as follows:—

	Males.	Females.	Total.
Charge - - - - -	10	13	23
Ordinary - - - - -	58	74	132
Night - - - - -	12	17	29

Thirty-nine men and 26 women are certificated or registered as mental nurses, while 12 men and 22 women have passed the preliminary examination.

The general health of the hospital appears to have been good during the period under review and apart from influenza, which attacked 114 patients and 48 members of the staff, and a single case of diphtheria, the person affected being one of the clerical staff, there has been no occurrence of infection or epidemic disease. The mortality rate for the year ended December 31st last was 9.82 per cent. among the male, and 8.36 among the female patients, or 8.96 per cent. for the combined sexes, calculated upon the average number daily resident.

Since the last visit 79 male and 92 female patients have died, or 171 in all. With 2 exceptions all deaths were from natural causes, verified by post-mortem examination in 60 cases, or 35 per cent. As compared with most other mental hospitals the proportion of autopsies is a low one, but we are pleased to hear that during the last six months efforts have been made to promote these examinations, which are not only instructive as to morbid processes in general, but place the causes of death in individual cases beyond doubt. Including the two excepted cases, coroner's inquests were held on 5 deaths. In one of the excepted cases death was

found to have been due to asphyxia, while the patient was in an epileptic fit, and in the other, a male parole patient, whose trial at home was under consideration, was found drowned in the canal which skirts the hospital ground. In both cases the whole of the circumstances were reported to our Board at the time. Of the remaining 3 cases inquired into, one was a patient who died from general peritonitis within a few hours of her admission; another died from cerebral hæmorrhage following a fall in an epileptic fit; the third died from arterial disease.

Turning to the 166 remaining deaths, the principal causes were as follows: general paralysis (27), epilepsy (6), organic brain disease (15), exhaustion from mania or melancholia (6), heart disease (21), pneumonia (13), bronchitis (8), senile decay (37), kidney disease (13), cancer (8), tuberculosis (10), and influenza (3). No deaths occurred from either dysentery or enteric fever.

There have been 16 serious but non-fatal casualties, 7 on the male and 9 on the female side, all due to accidental falls or pushes from fellow patients.

During our tour of the wards we gave special attention to those under treatment in bed and found them to be comfortable and in receipt of kindly and efficient nursing and expert medical care and attention. We could not but note, however, the serious difficulties encountered in securing proper classification and proper surroundings for the newly-admitted or recoverable type, and were therefore all the more pleased to see the forward state of the new reception hospital which we visited this morning. We are confident that the opening of this block for 88 patients—44 of either sex—with its treatment centre, including the new pathological laboratory and special departments, will have immediate beneficial results. The building appears to be admirably designed for the purpose to which it is to be devoted, though we think that in time the treatment centre will be found to require expansion. We were pleased also to hear that the Committee have decided to appoint a trained laboratory assistant in addition to the fourth assistant medical officer appointed since our colleagues' last visit.

Surrey Mental Hospitals.—2. Netherne.

December 10th, 1930.

I have to-day completed the annual inspection of this hospital on behalf of our Board, and am glad to be able to report that I have found it in excellent order.

Various alterations and improvements have been completed. The most important of which from the immediate point of view of the patients is the conversion at the female villa of a balcony into a covered verandah. Most of the other works while of great use, have more to do with the estate than with the actual hospital. There are now on the statutory books the names of 410 men and 647 women—a total of 1,057, but 3 patients of each sex were to-day absent on leave or trial, leaving in residence 1,051. Forty-nine patients have been allowed out on trial to test their fitness for discharge, money allowances being given in 6 cases. Private patients number 123, of whom 55 are women, 36 are "Service" and 3 are "ex-Service" patients. Out-county patients number 28.

The hospital is quite full on the male side and overcrowded by 57 on the female side, the accommodation by day and night being the same. It is, however, satisfactory to know that a considerable extension of accommodation is now well in view, and I much hope that an actual start on the new buildings may be made before long. The extension will include a hospital block with a treatment centre, two new wards on the main building to hold 40 each, 2 male villas of 40 beds each, 3 female villas of similar size, and two small convalescent villas for 20 beds each. The

Committee are to be congratulated on their determination to keep their hospital up to the standard of modern requirements.

Forty-two men and 18 women are usually allowed parole within the estate, and the villas are open to the grounds and the infirm wards on both sides are open to the ward gardens.

The present nursing staff is as follows:—

	Males.	Females.	Total.
Charge - - - - -	9	15	24
Ordinary - - - - -	46	61	107
Night - - - - -	8	12	20

Thirty-seven men and 27 women are certificated or registered as mental nurses, and 7 men and 10 women have passed the preliminary examination.

I found the patients very contented and happy for the most part, and the only complaints I received were either the result of mental trouble or on the grounds of detention. I made careful enquiries into individual cases where necessary and satisfied myself of the need for continuance of care and control. The patients were very ready to converse, and I gave private interviews to two patients at their request. The wards were clean and comfortable, though I thought that some of the side rooms were not sufficiently warm. This was not the fault of any of the staff, but I am afraid must be put down to the heating system, and therefore a matter not easy to deal with effectively. I was glad to see the superficial area of the wards painted on the walls by the side of the doors, and to see letter boxes in the wards. I suggested to Dr. Coombes the desirability of the letter boxes being cleared by an officer instead of by the charge nurses, so that there should be no excuse for the patients to accuse the nurses and attendants, as some patients did to-day, of intercepting letters. I saw that the old type of notice as to correspondence is still posted in some wards, and I much hope the Committee may see their way to adopt a notice on the lines suggested by our Board, which we believe to be less aggressive and less formidable.

It was very nice to see some small plots of ground set aside for gardening by patients, and to hear that some of the inner gardens are cultivated with great success by the nurses and their patients. I much wish this source of occupation could be extended, both for men and women. I was much struck in the female ward where the most difficult patients are living to see how they have been taught to respect and appreciate the flowers and plants put there for their enjoyment.

The sick and infirm patients seemed to be in receipt of kindly and careful medical and nursing attention, and full use was being made of the verandahs for open-air nursing.

I saw an excellent pattern of toothbrush racks in cupboards for those patients who do not carry their brushes about.

In the course of my inspection I visited the mortuary and I should like once more to urge the Committee to do something to improve the conditions under which friends can view the bodies of deceased patients. Many people set very great store by taking a last look and saying a last farewell to a dead friend or relation, and it adds much to the distress at an emotional time if a curtain be accidentally pulled aside disclosing another body awaiting burial. I venture to suggest that the present anteroom to the two mortuaries could be made into an admirable little mortuary chapel at a trifling cost, and I feel sure that the money and trouble involved would be very well expended.

The 83 deaths—33 men and 50 women, call for little notice. Senile decay accounted for 15, and heart disease for 14. There has been 1 death from dysentery, 3 from enteric. The remainder, with one exception, were due to the ordinary causes usually found in hospitals of this type. In one of the two inquests held, death was attributed to misadventure. In this case a woman in a weak state of health jumped out of bed, falling

and fracturing some ribs and the collarbone, there were also some scalds due to her upsetting some hot soup while being fed. The case was fully reported to our Board at the time.

In February last there was an outbreak of influenza attacking 17 female patients, and there were 2 cases of enteric. At present there is one of the female staff suffering from enteric, but I am glad to say recovering, and one female patient is isolated under suspicion. In January and February there were 3 cases of dysentery on the female side, and 1 case of diphtheria in June. There are now 5 male and 1 female case of tuberculosis under treatment.

There have been 5 cases of accident involving fractures, 4 being due to accidents in the wards, and 1 due to the act of a fellow patient.

I was very glad to hear that an endeavour is made here to keep friends and relations up to the mark in the matter of visiting and writing to patients, and that the question of getting friendless patients visited is receiving attention. A "patient's friend," if the right type of person can be found, is a great asset to a hospital of this kind.

Before finishing this entry I should like again to call attention to the good work that can be done by an occupation officer in getting unemployable patients interested in some small work, and I believe that visits by such an officer to the wards, as well as classes in a separate room, are most beneficial. I have lately seen such a class being held with most excellent results in the so-called noisy female ward of a mental hospital, and I believe the experiment is very well worth a trial here.

Dr. Coombes, who accompanied me all round the hospital and villas, gave me much assistance and I much enjoyed my visit.

East Sussex Mental Hospital.

July 22nd, 1930.

Since this hospital was last visited by two of our colleagues, 159 patients have been admitted, 19 have been transferred to other care, 71 have been discharged (53 upon recovery) and 51 have died. There are now upon the books of the hospital the names of 1,283 patients, but 7 are now out on trial, 3 are boarded out, and 23 men are now at the Steyning Infirmary, leaving actually in residence at the time of our visit 485 men and 765 women, 1,250 in all. Forty-two patients have been allowed out on trial to test their fitness for discharge, and money allowances to assist them during that time have been granted in 22 cases. There are 123 private patients, of whom 57 are women, 34 are "Service" and 8 are "ex-Service" patients. Out-county patients number 274, the great majority being here under contract with the Borough of Hastings.

The day accommodation in the hospital is overcrowded by 15 on the female side, and there are 23 vacancies on the male side, and by night it is overcrowded by 19 on the male side and 34 on the female side. The weekly maintenance charge per head is 23s. 11d. per week for home and 40s. 3d. for private patients, the average weekly maintenance cost as last ascertained being 24s. 3½d.

Nine male patients are granted full parole, and 63 men and 132 women have parole within the estate.

One male and two female wards are open to the gardens, and one male and three female villas are open to the grounds.

The present nursing staff is as follows:—

	Males.	Females.	Total.
Charge - - - - -	10	18	28
Ordinary - - - - -	57	76	133
Night - - - - -	12	17	29

Fifty-nine men and 61 women are certificated or registered as mental

nurses, and 10 men and 33 women have passed the preliminary examination.

We were glad to see that curtains have now been provided in some of the female ward bathrooms and amongst other improvements are the installation of wireless sets to two villas and the supply of some portable sets, improvements to the Church organ, an additional storeroom at Woodside, the addition of sliding sashes to the verandahs at G ward and motor cycle accommodation for the staff. In addition there has been a considerable amount of internal and external painting.

The works now in progress include the making of plate-warming chests for the wards, which are badly wanted, improvements to the hot water system, and sewage works for some new cottages at Park Gate.

In the two villas, *The Firs* and *The Homestead*, we paid particular attention to the means of escape in case of fire, and we agree with our colleagues that smoke screens should be added. It was pointed out to us that the staircases are fireproof, but they might well be rendered useless by smoke and the addition of a smoke screen would tend to insure an alternative means of escape in the event of fire.

We found the wards and dormitories well-kept and comfortable, and the sick wards very prettily decorated. Trolleys for sterilised dressings have now been supplied in all wards. In addition to that going on in the workroom villa and the sewing room, a good deal of work of all sorts was going on in the wards, and we were very pleased to see the attempt to keep as many patients as possible employed in the admission hospital, and it is clear that the trainer has done good work and that the nursing staff have made good use of the training. It was also very satisfactory to hear that physical drills are given to patients on both sides of the hospital every week.

When the weather is favourable many of the patients have their meals out of doors. To-day the dinner consisted of a liberal portion of soup, containing meat and suet dumpling, followed by bread and cheese.

In going through the bakery, we felt that something in the way of a railing should be placed round the dough-mixer to prevent so far as possible accidents occurring.

In the farmstead we noticed that beds were close up against the two doors leading on to the balcony—as this might be the only connecting way between the two staircases, these doors should be kept quite free of obstruction.

The patients were for the most part contented and happy, and we endeavoured to speak to all who wished it. We had a number of semi-private interviews in the wards and gave private interviews, to those who desired, in the Committee room.

The mortality rate for the year ended December 31st last was 7·6 per cent. for the male and 8·2 per cent. for the female patients, or 7·98 for the combined sexes. Since our colleagues' last visit 23 male and 28 female patients have died, all with one exception from natural causes. In the excepted case, the subject of the only coroner's inquest which has been held during the period under review, death was due to cerebral hæmorrhage caused by an accidental fall from a chair. The principal causes of death in the remaining 50 cases, confirmed as to 35 of them by post-mortem examination, were as follows: heart disease 13, pneumonia 7, senile decay 5, kidney disease 5, tuberculosis 5, general paralysis 3, epilepsy and organic brain disease 2 each, and the small remainder were due to a variety of bodily diseases not requiring special mention.

The general health of the hospital appears to have been good, though there have been 3 cases of dysentery on the female side and 4 of erysipelas. Three male and 5 female patients are under treatment to-day for active tuberculosis. During the period under review there have been 9 casualties involving fractures of bones, mostly due to accidental falls, but in two cases to struggles with fellow patients.

We gave particular attention to those under treatment in bed, and found them in receipt of every proper care and attention, capably and kindly nursed, and skilfully treated. We were especially pleased with the admirable provision made for open-air treatment by day and night in the verandahs, of suitable patients, the tuberculous, under-nourished, and others. Very gratifying features of the medical work carried out at the hospital are the close liaison between the pathological department and the clinical work in the wards, the systematic examination of the blood and excreta of every patient on first reception, and the expert examination by visiting specialists. We hope that it may be found possible to add another, a specialist in diseases of the ear, nose and throat, to the number of the visiting specialists. There is one more matter to which we would allude, namely, the somewhat striking absence in a hospital of this size, and otherwise so well-equipped, of an X-ray department. We understand that the nearest department available is distant some miles, and we are so convinced that the provision of an X-ray plant, not necessarily a large or expensive one, would prove of great value, not only in the detection of fractures and the presence of foreign bodies, but in other directions too, that we venture to invite the Committee to consider the matter once more.

Our visit was a pleasant and an interesting one.

West Sussex County Mental Hospital.

July 18th, 1930.

The changes which have taken place at this hospital have left on the books the names of 358 men and 534 women—892 in all—and deducting 5 patients of each sex, who were away on trial at the time of our visit, the number actually in residence were 882, all of whom we believe we have seen during yesterday and to-day. During the period under review 88 patients have been admitted, 10 have been transferred to other care, 39 have been discharged (33 upon recovery) and 24 have died. Twenty-seven patients have been allowed out on trial to test their fitness for discharge, and care is taken to see that money allowances are granted in necessitous cases.

There are 60 private patients of whom 40 are females, 27 are "Service" and 1 is an "ex-Service" patient. There are only 10 out-county patients.

The figures supplied to us to-day show that the hospital is overcrowded to the extent of 13 men and 67 women by day and by 47 women by night. There is one male vacancy calculated on night space.

The weekly maintenance charge per head is 23s. 4d. for home patients and 35s. to 105s. for private patients; the average weekly maintenance cost as last ascertained being 23s. 7½d.

There has been no mechanical restraint.

Parole beyond the estate is granted to 15 men and 12 women, and within the estate to 20 men and 34 women.

The present nursing staff is as follows:—

	Males.	Females.	Total.
Charge - - - - -	10	13	23
Ordinary - - - - -	38	46	84
Night - - - - -	8	14	22

Forty-one men and 31 women are certificated or registered as mental nurses, and 7 men and 24 women have passed the preliminary examination.

We were glad that further progress has been made leading to the building of a new admission hospital, new villa, and nurses' home, and we trust that before long we may hear that building has actually commenced.

The new central heating and hot water distribution has been finished, and many of the corridors have now been redecorated and others are now in process of redecoration.

A cricket match was in progress yesterday when we arrived and we saw many of the male patients on the cricket field, and most of the female patients in the ward gardens. The gardens and grounds here are very well kept and most attractive and there appeared to be little difference between the gardens where the most difficult patients are exercised, and those of the ordinary wards. The patients in the wards set apart for the more turbulent, take their meals in the garden and are kept out of doors so long as possible in the summer when the weather permits with very beneficial results.

We found the patients very contented and happy and very free from complaints. Throughout the hospital there was an atmosphere of friendliness and confidence between the patients and medical and nursing staff which we were particularly pleased to notice, and from several of the patients we heard expressions of gratitude for the kindness and care shown to them.

The wards were clean and comfortable, the bookshelves well supplied with books, and there were plenty of plants and flowers.

In the drying room in the laundry every endeavour has been made to improve the ventilation, but it is still unsatisfactory, and we understand that it has been decided to make some of the roof lights to open.

We were glad to see that two mattresses are supplied where patients are in side rooms, and it is necessary for them to sleep on the floor.

The issue of puddings to the patients has been increased since the last visit, and an extra is given at breakfast or tea every day, in addition to which other things such as lettuces are supplied when available.

Letter boxes are placed in several wards, and it is hoped to have them in all wards before long—they are cleared by officers.

We saw a dinner served to-day of baked fish and potatoes followed by a pudding for some of the patients. The food was ample in quantity, well-cooked, and of good quality.

We were glad to hear that a member of the staff is now undergoing training to act as an occupation officer, and we feel sure that the expense and trouble involved is very worth while. We suggested to Dr. Ainsworth the desirability of establishing classes for physical drill and possibly dancing, and much hope that he will give the matter his consideration.

The general health of the hospital appears to have been good during the period under review, and so far there has been no recurrence of the influenza or the enteric fever which broke out last year, though one case of scarlet fever and one of erysipelas have been recorded. The mortality rate for the year ended December 31st last was 6.48 per cent. for the male and 8.24 per cent. for the female patients, or 7.52 per cent. for the combined sexes, which may be compared with the low death rate of 6.1 per cent. for the year 1928.

Since our colleagues' last visit 12 male and 12 female cases have died, all with one exception from natural causes, confirmed as to 18 of the deaths by post-mortem examination. In the excepted case a patient, a male, not considered suicidal, and the circumstances of whose death was the subject of the only coroner's inquest held during the period, committed suicide by hanging himself in his room in circumstances which were fully reported to the Board at the time. Of the remaining 23 deaths, 9 were due to heart disease, 4 to organic brain disease, 2 to general paralysis, and 3 to pneumonia, and the others in single numbers to a variety of bodily diseases not calling for special mention.

There have been 6 casualties involving fractures of bones, all due to accidental falls or to pushes from fellow patients, and all on the female side.

During our tour of the wards we gave particular attention to the newly-admitted and to those under treatment in bed, and found the latter very comfortable, efficiently and kindly nursed, and in receipt of skilled medical treatment. We were pleased to learn when visiting the operating theatre,

which is also used by the dental surgeon and visiting specialists in eye diseases and diseases of the ear, nose and throat, that these gentlemen as a routine measure see all recent admissions. We were also glad to learn that there is a possibility of opening an Out-patient department in connexion with Graylingwell in due course.

We found the pathological laboratory in good order, and so far as is possible at present, the various tests and examinations required to clinch diagnoses or guide and check treatment in the wards are carried out here; we trust, however, that the desirability of appointing a trained laboratory assistant as soon as possible, to assist the medical staff, will not be overlooked.

Our visit was a most pleasant one, and we were much pleased at the result of our inspection.

*Warwick County, Coventry County Borough, and Borough of Warwick
Mental Hospital.*

May 21st, 1930.

Judging from our previous knowledge of this hospital and the conditions which we found during the course of our visit to-day, we can speak in terms of praise of the spirit of progress which continues to prevail in the conduct and administration of this institution. The interests and contentment of the patients are evidently kept well in view, and without going into any unnecessary details we can say in general terms that the hospital is throughout in capital order, and that those under care are well and tactfully treated.

Some patients told us in the course of going through the wards that they were seldom if ever visited by friends, and that although they had endeavoured to get into touch with their relations by writing they received no response. Visits from friends are we know a source of great satisfaction, it helps to contentment, and gives patients a feeling that they are not lost sight of or dead to the outer world. We strongly suggest that in all instances of neglect in visiting there should be a regular system instituted of writing and pointing out to the patients' friends the desirability of visiting and keeping in touch with them.

We think that greater care should be taken than appears to be the case at present, to ensure that patients' night-gowns do not become mixed.

The female bath room has been converted into a sewing room, where we saw many at work in comfortable and well-ordered surroundings. Very considerable interest is taken in seeing that as many patients as possible are engaged in some form of occupation—an important item in their general treatment, and as the quarters at present given over to work connected with handicrafts is confined, and almost negligible, we are pleased to gather that the Committee have in contemplation the provision of an occupational centre. In this connection it was pleasing to see some of the patients engaged out of doors in exercises and folk dancing and to learn that some have been formed into a company of girl guides.

The construction of the verandah on the female side with single rooms attached is in progress, as also is the construction of 12 single rooms at Leigh House.

We understand too that the provision of a nurses' home is under consideration.

Notices have been placed in the wards in reference to the patients' rights as to correspondence and visiting, but a basin in connection with the sanitary accommodation at the kitchen still awaits attention.

Since May 5th, 1929, as a result of the various changes which have taken place amongst the inmates, those on the books number 510 males and 733 females, a total of 1,243. Three are to-day on trial, leaving 1,240 in residence. Of these 100 are classed as private, of whom 35 are "Service" and 3 "ex-Service" patients.

Trial is we are glad to note freely used and 33 patients have been dealt with under s. 79 of the Lunacy Act. Observing, however, that no money allowances have been granted to those on trial, we hope that this useful means of giving assistance at so important a period is not lost sight of by the Committee.

According to the figures returned to us, there is vacant space by day for 13 men and 58 women, and for 39 men by night, but the women's dormitories are in many instances sadly overcrowded, the total number beyond the authorised accommodation being 74.

The maintenance for home patients is 21s. 7d. per week, and for private patients £2 12s. 6d.

As many as 50 patients, almost equally divided between the sexes, have full parole and 106 freedom within the estate.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	10	13	23
Ordinary - - - - -	47	68	115

for day, and 9 and 16 respectively for night duty. There is considerable shortage of female nurses, and it is found difficult to fill vacancies. Those certificated or registered as mental nurses number 32 males and 23 females.

With regard to the medical work in the wards, which is greatly assisted by research and investigations in the laboratory, we need only say that it is of a high order, and that we were impressed with the keenness of both doctors and nurses in doing all they can to promote good health amongst patients, and to assist their early recovery. The admission and sick wards, though not best suited for their purpose, are well equipped and have facilities for Plombières treatment for continuous baths and for sun and artificial light treatment. In addition rooms are attached to the casualty department for dental and X-ray work and for the treatment by ultra-violet rays. A trained masseuse is continually employed who, besides massage, undertakes numerous remedial exercises for patients daily. She has probationers working under her. Much open-air treatment is given both by day and by night.

We would suggest that in the admission and sick wards it would be an improvement if an issue of milk, lemons and soda water were given for use of the night nurse so that any patient desiring it can have a drink during the night.

The health of the patients appears to have been good during the winter months, and there has been no case of epidemic disease.

The death-rate for 1929 was 9·7 per cent. for men, and for women 11·8 per cent.—a total of 10·9 per cent. for both sexes. With four exceptions all the deaths were due to natural causes, the cause being verified in 63 per cent. of the deaths. Of the four exceptions two were due to a suicidal act, one being committed whilst the patient was on trial, one was due to accidental drowning in a bath, and the other followed an accidental fracture of the femur. All these cases were enquired into by the coroner, and the full circumstances were duly reported to our Board at the time.

There have been no serious casualties of any kind.

In Dr. Forrester's and Dr. Leech's absence we were shown round and given all necessary information by Dr. Florence Gamble, whom we would congratulate on having taken the D.P.M. and M.R.C.P.

With so much being done in the laboratory and in clinical work in the wards by the medical staff we think the Committee should now give consideration to the appointment of another assistant medical officer, so that no form of treatment may be in any way hampered.

We would urge this the more strongly as should the Mental Treatment Bill now before Parliament become law, there is little doubt that more and more individual treatment will be required for the early cases of mental disorder, which it is hoped will be admitted.

The Isle of Wight Mental Hospital.

September 10th, 1930.

Having to-day paid the annual visit to this hospital on behalf of my Board, I am able to say that I have found it maintained in good order and capably administrated in the best interests of the patients therein. Accompanied by Dr. Brunlees, the medical superintendent Dr. Erskine being absent on holiday, I visited all parts and departments of the hospital, and to the best of my belief saw all the patients in residence to-day, and gave each an opportunity of speaking to me, of which not a few took advantage. In general I found the patients quiet and contented, the only complaints I received being on account of their detention here, though none of those who requested their discharge are fit for discharge from certificate.

Since the last visit of one of my colleagues the following numerical changes have occurred among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	42	59	101
Transferred to other care - -	2	2	4
Discharged from Order - -	17	33	50
of whom recovered - - -	13	21	34
of whom dealt with under s. 79 -	1	5	6
Died - - - - -	20	22	42
On statutory books - - -	118	216	334

Fifteen of the male and 26 of the female patients are classed as private patients, 7 of these, all males, being "Service" patients.

As one male patient was away on week-end leave and 2 female patients were absent on trial there were 117 male and 214 female patients in residence to-day. The total accommodation of the hospital is for 110 male and 196 female patients by day, and for 117 male and 215 female by night. There is overcrowding therefore to the extent of 8 males and 21 females by day, but practically no overcrowding by night.

The only constructional addition made to the hospital since my colleagues' visit is the verandah attached to female ward 4, a female hospital ward. This is a valuable addition, and is used by day only for the outdoor treatment of suitable cases. Fortunately the hospital appears to be entirely free from active tuberculosis at present. A considerable amount of redecoration has been carried out, but one or two wards, particularly F.5, require attention in this respect. The great majority of patients were out of doors during my visit, either at work or in the airing courts and gardens, or in bed in the verandahs, or in bed in the shade of trees. The airing courts are very pleasing and well-tended, but I venture to suggest that by a certain re-arrangement of fencing, or hedges, and at one or two points the inclusion of a little more ground at the expense of the surrounding productive ground and orchard, a more pleasing effect and a lessening of the appearance of confinement would be obtained, without any diminution of safety.

I was glad to see that meals in this fine weather are served out of doors in the airing courts adjacent to the wards. The dinner to-day was of baked fish with potatoes cooked in jackets followed by suet pudding, and of excellent quality I found on tasting.

No calender has as yet been supplied to the laundry, and in the foul linen laundry the addition of a steam-jet for sterilizing the bins used for transport of soiled linen would be an additional safe-guard. Also a rail or guard round the iron-heater or stove might be added with advantage.

The general health appears to have been good during the period under review, the only case of infectious or epidemic disease that has occurred having been one case returned as enteric fever, of rather doubtful character, however. The patient was a male resident in the hospital for

some years, a garden worker, presenting rather atypical symptoms and no other case has occurred since the patient's illness nine months ago.

The mortality rate for the year ended December 31st, 1929, was 8·84 per cent. for the males and 5·11 per cent. for the females, or 6·40 per cent. for the combined sexes—a satisfactorily low death-rate.

Since last visit 20 male and 19 female patients have died, all, with five exceptions, from natural causes. Of the excepted cases, all of which were the subject of coroners' inquests, one was a male patient who died from injuries sustained prior to admission by falling accidentally from a motor cycle; another, also a male patient, committed suicide by throwing himself in front of an omnibus whilst out with a walking party. This patient had not been regarded as suicidal at any time. Whilst a third patient, a female, who escaped from a party on leaving a cinema and threw herself into the river Medina, had at one time been regarded as suicidal, but for the last five years had not been suspected of suicidal tendency. In the fourth case death was one of suffocation during an epileptic attack. The facts were fully communicated to my Board at the time in all cases. The causes of the deaths in the remainder do not call on particular mention, except one case where a patient who was on trial at her mother's house on the mainland, and who was not considered suicidal, died from the effect of a poison self-administered.

Only two serious non-fatal casualties have occurred since last visit, both accidentally sustained by falling.

There has been no employment of mechanical means of restraint, and only 2 male and 3 female patients have been secluded, for a total duration of 10 hours and 27 hours respectively.

The weekly maintenance charge for home patients is 18s. 6d., and for private patients from 27s. 6d. to 109s., whilst the average weekly cost as last ascertained was 20s. 3¼d.

The present staff of nurses under the matron and chief attendant is:—

	Males.	Females.	Total.
Charge - - - - -	4	5	9
Ordinary - - - - -	16	31	47
Night duty - - - - -	4	7	11

Of the total nursing staff, 12 male and 12 female nurses are certificated or registered as mental nurses, and 2 male and 6 female nurses have passed the preliminary examination.

In the absence of Dr. Erskine I was accompanied throughout my visit by Dr. Brunlees, who afforded me every assistance, and also during part of my visit by Dr. Savage, who is assisting Dr. Brunlees until Dr. Erskine's return. I gave a private interview to one patient whose name I have entered in the patients' book.

Wiltshire Mental Hospital.

May, 30th, 1930.

We have to-day visited this hospital on behalf of our Board and believe that we have seen all the patients who are now in residence. We were very sorry to find on our arrival that Dr. Cole was away on leave, as there were many points which we should have liked to discuss with him and hear his opinion on. In his absence we received every possible assistance from Drs. Leach, Thomas and Speer.

There are now on the statutory books the names of 505 men and 642 women, a total of 1,147; there were however three women out on trial to-day, leaving in residence 1,144 patients.

Of the 27 discharges since the last visit 18 patients were discharged upon recovery. Twenty-one patients were allowed out on trial to test their fitness for discharge, money allowances being granted in 8 cases.

There are 61 private patients in the hospital, including 33 "Service" patients and 20 women. Out-county patients number 38, the majority being cases on contract from Nottingham (22) and Croydon (10). There are vacancies on the male side for 26 by day and 6 by night, but the women's side is overcrowded to the extent of 23 by day and 15 by night.

The weekly maintenance charge per head is 19s. 3d. for home patients and 25s. to 31s. for private patients, the average weekly cost as last ascertained being 19s. 9d.

There has been no mechanical restraint.

Ten men and two women are allowed parole beyond the estate, and 75 men and 20 women within the estate.

The nursing staff is as follows:

	Males.	Females.	Total.
Charge - - - - -	12	13	25
Ordinary - - - - -	40	50	90
Night - - - - -	15	16	31

Six female nurses are employed on the male side.

Forty-nine men and 8 women are certificated or registered as mental nurses, and 14 men and 10 women have passed the preliminary examination.

We found the wards and dormitories clean and well-kept, but some of the side rooms smelt unpleasantly and others had faulty floors with holes and cracks in them.

There being no greenhouses available at this hospital, there is a difficulty in supplying the wards with plants, but we hope that an effort will be made to brighten some of the wards with pictures and posters, as has been done most successfully in some wards, for instance the day room of female 10.

In none of the wards did we find the poison cupboards under double lock, and though in several there were no poisons, we did find a bottle of undiluted lysol in one cupboard. Our Board feels strongly on this matter, and we hope that locks will be fitted to the poison partition of the medicine cupboards without delay.

Some of the side rooms are fitted with electric light, but we were surprised to find that this light is not available after a certain hour, 10.30 p.m. we believe, and that after that time the nurses have to use torches.

Not all the male patients are yet supplied with nightshirts, and in some of the female wards the nightdresses are stored each day in a cupboard, so that it is impossible to ensure the patient getting the nightdress she wore the previous night. There seem, too, to be very few patients to whom towels are issued for their individual use.

We venture to suggest that as and when they get worn out, the old-fashioned asylum knives and forks should be replaced by ordinary ones. To-day was wet and showery and the airing courts with some few exceptions were looking particularly dismal; we should like to see these brightened with flowers, which could be done at no great expense. There was one enclosed court which has been recently gravelled, and in which flower beds have been made, and when these are full of flowers this would make a nice garden for some old lady patients. At present, we understand, it is not used.

In some of the courts there are railed enclosures which we were told were once flower beds. At present the railings seem to be useless, and we suggest they be removed.

In one of the male airing courts insufficient attention is being paid to the cleanliness of the lavatory, and the fittings were defective, a matter which we hope will not be overlooked.

We were much struck with the inadequacy and unsuitability of the breadstore, and indeed of the bakery. The place seems to be infested with cockroaches, and the close proximity of a lavatory seems to us to be very undesirable. Strenuous efforts are made to keep the cockroaches down, but we doubt whether anything short of rebuilding will be really satisfactory.

The patients on both sides of the hospital were contented and free from complaints, and with one or two exceptions they were quiet and orderly.

Since the last visit 35 patients have died, and in 30 instances the cause of death was verified by post-mortem examination. The fact that in none of these cases bedsores were found speaks well for the attention given by the nursing staff. The causes of death give little occasion for comment, heart disease in 13, arterio-sclerosis in 8, and tuberculosis in 5 cases, being the most frequent. In two cases inquests were held, one on a woman who died the day after admission of fatty degeneration of the heart, and the other on a man who drowned himself; this patient was watching a football match and escaped. He had not been deemed suicidal.

Three cases of serious but non-fatal accidents are reported, two were accidental injuries to bones, the third was the swallowing of half-a-crown whilst imitating a conjuror. The patient has been X-rayed three times, but on the last two occasions the plate showed no coin.

We should like to refer to the excellent medical and nursing care the patients receive, especially those who are sick and infirm. The case books are remarkably well-kept, and the many inquiries we made respecting individual patients were promptly and fully answered. We were glad to hear that sedatives and sleeping draughts are very rarely used.

There are matters affecting the general arrangements of patients that seem to us to require consideration. On both sides the admission ward and infirmary ward are the same, and consequently newly-admitted patients are brought into contact with many chronic ones. At the time of our visit the whole ward on the female side was disturbed by a very noisy chronic patient. Moreover these admission wards have no verandahs, no facilities for continuous baths, and the gardens are unattractive. The question at once arises whether the annexe would not be more suitable for the admission of patients, where there are verandahs and continuous baths, and where new-comers might often be treated to recovery without association with noisy chronic cases. We suggest this for consideration as there may be difficulties we do not realise.

During 1929 there were 38 new cases of dysentery, but so far only one this year. It is, however, too early to assume that the danger has passed as the disease is more prevalent in the hot weather. A large ward on both sides is occupied by patients who have had dysentery and who may be "carriers." Until proper pathological investigation is available it is impossible to say how many of these are a source of danger. We learnt that certain of these patients go to the kitchen for food, and have actually been seen leaving the only lavatory available for patients while working in the kitchen. It is clear, therefore, that these patients are not effectively segregated. We greatly regret that the recommendations of our colleague in November last regarding a pathological laboratory have not been adopted; without it, we fear, there is little hope of stamping out the disease.

There were 20 new cases of tuberculosis reported in 1929, and 16 active cases are now under treatment. We must again draw the Committee's attention to the fact that the incidence of both dysentery and tuberculosis is considerably greater at this hospital than at mental hospitals generally, and we hope they will do everything in their power to assist the doctors to combat the spread of these diseases. If a patient whilst under care in a hospital acquires a serious and preventable disease it cannot but be a reproach.

County and City of Worcester Mental Hospital.—Powick.

August 18th, 1930.

The changes amongst the patients since the last visit, 13 months ago, leave on the books the names of 468 males and 604 females, a total of 1,072, and all were in residence and, I believe, were seen by me to-day except one man and four women, who were away on trial.

Of this number 240, 120 of each sex, are patients received under contract, 149 coming from Birmingham, 49 from East Ham, 40 from Berkshire, and one each from Croydon and Portsmouth.

The total accommodation of the hospital provides for 1,175 patients by day and 1,171 by night, and there is now vacant accommodation by day for 38 men and 65 women, and by night for 70 men and 29 women.

Notwithstanding these vacancies I noticed that beds have been placed in the day room in ward 10 on the male side. This has no doubt been done in order to keep the ward classification as good as possible, but I hope a way may be found to remove the beds at an early date.

Whilst mentioning classification I must again call attention to the conditions under which the recent cases are treated on both sides of the hospital. The wards in which they are received, female 8 and male 1, are quite unsuitable for their purpose, and it must be more than difficult to give the patients in them the treatment which they should receive. Also when out of doors the recent cases have of necessity to mix with many other patients of very varying degrees of mental disorder, a most undesirable arrangement, especially considering that under the new Mental Treatment Act it is hoped that both voluntary and temporary patients will be received; the erection of an admission hospital for both sexes is an urgent necessity, and I hope the Committee will give the matter their full consideration. Until this hospital can be completed I suggested to Dr. Fenton that it might be possible to adapt ward 9 on the female side, and to utilise the ground floor as an admission ward, convalescents and quiet patients being accommodated on the first floor. This ward is well placed, and opens on to a very pleasant and well-laid-out garden, which is reserved for the patients in it. Dr. Fenton will consider the suggestion and also endeavour to find some similar temporary solution to the difficulty on the male side.

During the period under review improvements have been made in the main kitchen, including two new gas ovens and a hot plate, a new heating apparatus has been installed in the chapel, and new fire alarms have been placed in the centre and annexe buildings.

Amongst contemplated works are the long-delayed installation of electric lighting, which it is to be hoped will be followed by the erection of a cinema, X-ray and violet ray plants, and the addition of a verandah on each side of the hospital.

I would also draw attention to the need for repairing the paths in the ward gardens, and for keeping a reserve supply of hand lamps for use at night in case of an emergency such as the failure of the gas light. It would too be an improvement if glass-topped hospital trolleys were supplied to the infirmary wards.

Accompanied by Dr. Fenton and the medical officers I visited all wards and found the patients to be very contented, and well-cared for in all ways. I gave to all the opportunity of speaking to me, and a very large number did so, but except on the score of their detention, or from persons suffering from obvious delusions, I received no complaints from any as to their treatment, and a number spoke highly of their comfort. I was glad to hear that an improved kind of foot wear is being supplied to the female patients, and hope more variety of colours will be supplied for their dresses.

The wards were well kept and were well supplied with books, and the ward gardens, except on the matter mentioned above, were very bright with flowers, and were well-kept.

The health of the patients has been good, and the death-rate for last year, though higher than for 1928, is still satisfactorily low, being 5·61 per cent. There has been one case of scarlet fever on the female side, and at the present time one female patient is ill with enteric fever, the cause of which was traced to a "carrier." Apart from these there have been no cases of epidemic diseases, and only 8 patients, 4 of each sex, are known to be suffering from tuberculosis. The sick appeared to be carefully nursed, and I was glad to see that milk, though perhaps hardly sufficient in quantity, is supplied for ward use at night in case any patient should desire a drink.

I saw a dinner of bread and cheese followed by milk pudding being enjoyed in the wards, and was glad to hear that, owing to butter being no longer made, a good supply of whole milk is available for all.

All the deaths were due to natural causes, and they call for no special mention here. No inquests have been held.

The maintenance rate is 19s. 10d. per week for home, and 25s. 1d. for private patients, the average weekly cost being 19s. 9½d.

The staff consists of 49 male and 64 female nurses for day, and of 8 men and 9 women for night duty. The certificated or registered mental nurses number 21 men and 21 women, and 12 of the men and 13 of the women have passed the preliminary examination for the certificate.

Dr. Fenton still has the assistance of Drs. Boyd, Romer, and Hennelly, and a visiting dentist attends once a fortnight and examines every new patient admitted. There are no visiting consultants, but Dr. Fenton can call one in when he desires to do so.

I was glad to hear that an Out-patient clinic is about to be formed at the Worcester Infirmary for the treatment of patients suffering from early mental disorder, etc., and that Dr. Fenton or one of his assistants will be in charge.

Worcestershire Mental Hospital.—Barnsley Hall.

May 27th, 1930.

Visiting this hospital yesterday I found on the books the names of 738 patients, 346 males and 392 females, and, with the exception of 2 men and 4 women who were absent on trial, all were in residence, and, I believe, were seen by me. Of this number 114, 62 men and 52 women, are chargeable to out-county authorities, 50 of each sex being received on contract from Birmingham, and the remainder from other authorities, and 124, 59 men and 65 women, are classed as private patients, 20 of the men being "Service" or "ex-Service" patients.

The accommodation of the hospital provides for 706 patients by day and for 638 by night, and there is now an excess by day of 7 men and 25 women, and by night of 54 men and 46 women. This overcrowding is particularly noticeable in some of the dormitories.

Since the last visit, made some 10 months ago, 44 patients have been discharged, of whom 31 had recovered, and it is most satisfactory to be able to note that the recovery rate for the year ending December 31st last showed a percentage of 38·2 on the direct admissions, the highest recorded since the opening of the hospital.

The deaths numbered 27 since the last visit, and for the full year ending December 31st last numbered 41, showing the low mortality rate of 5·6 per cent. This with the exception of the year 1924 is the lowest death-rate recorded.

Thirty-three patients have been given trial to test their fitness for discharge, but to only two of them were money allowances granted to help them over what may be a very trying period.

The maintenance charges are 20s. 5d. for home and 35s. for private patients, the last ascertained weekly cost being 21s. 4½d.

I found the hospital well-maintained, and the patients' dayrooms,

dormitories, and their annexes clean and well-kept. The wards were nicely decorated, and there appeared to be a good supply of books and papers for the patients' amusement.

The patients were well-dressed, and, as a rule, were quiet and orderly in their behaviour, though they were all indoors owing to the wet weather.

On the female side I saw a somewhat large number of patients confined to bed for mental reasons, some of whom had been so treated for considerable periods, and I would again express the hope that efforts will be made to reduce the time spent in bed whenever it is possible to do so, and, in any case, to get patients up regularly for exercise out of doors.

In some of the single rooms and padded rooms the air was anything but fresh, and I thought it might be possible to improve the ventilation. I pointed this out to Dr. Hughes, who will no doubt consider whether anything can be done to improve matters.

In F., A.1, and M., O.1 ward, where the better and convalescent patients are quartered, I was glad to see that the locks of the single room doors have been so arranged that the doors can be opened from inside the rooms. This seems to be a good method and one that might well be copied elsewhere.

I saw a dinner of soup followed by rice pudding being enjoyed by the patients. I suggested that it would be better to give a more substantial pudding on soup days, and was informed that this is usually done. I also suggested that the diet would be much improved were puddings given more frequently than twice a week. Extras are given daily for breakfast, and cake or biscuits are issued for supper, which is taken shortly before bed time.

Since the last visit 14 pairs of cottages for male nurses and workmen have been completed; the lavatory accommodation in D and D.1 wards on the female side has been finished, letter boxes have been placed in all wards and notices *re* letters and visits are now being printed. I was also glad to hear that the Committee are about to purchase an X-ray installation.

I would again suggest to the Committee that the appointment of a female occupation officer would be of great benefit both to the staff and patients. If the nurses could be induced to take an interest in various occupations and to start them in the work, there is little doubt that many patients who now sit idly could be interested and to some extent employed, much to their own advantage. Perhaps consideration will also be given to the establishment of a canteen for the use of staff, patients and their visitors. A canteen is common now in mental hospitals, and not only brings pleasure to many, but also any profits can be used in many ways for the patients' benefit.

Though I received no complaints as to treatment, I did receive more than one complaint from patients that they were not visited by friends, and that they received no letters. These complaints are fairly common in all hospitals, and I suggested to Dr. Hughes that it would be an excellent thing if a system could be devised whereby in every case of neglect in these matters an official letter could be sent urging the friends to carry out what is their proper duty.

The health of the hospital has been good and there has been no epidemic disease. Few were really ill, and those under treatment were receiving careful nursing attention.

All the 27 deaths, with two exceptions, were due to natural causes, and the cause was verified by post-mortem examinations in all but three cases.

In the two excepted cases the deaths were complicated by fractures accidentally caused. Concerning these and one other case inquests were held.

The nursing staff consists of 39 male and 46 female nurses for day, and of 7 men and 10 women for night duty.

Those registered or certificated as mental nurses number 32 men and

12 women, and 11 of the former and 26 of the latter have passed the preliminary examination for the certificate.

Dr. Hughes has the assistance of Dr. Firth and Dr. Dunlop.

It is very satisfactory that the County Council are making arrangements with the Corbett Hospital near Stourbridge for Dr. Hughes to attend weekly to see Out-patients who may be suffering from mental illness. This experiment should prove to be of great value, and it may lead to the establishment of beds in the hospital for those needing early treatment.

Yorkshire (East Riding) Mental Hospital.

December 2nd, 1930.

I have to-day paid the annual visit on behalf of my Board to this hospital, and am able to say that I have found it well maintained in good order and ably administered in the best interests of the patients therein.

Since the last visit of one of my colleagues in March of last year much re-decoration has been carried out; two houses, one for the engineer and another for the stoker, have been completed, and two food wagons supplied; the pathological laboratory, which I am confident will prove of great value, has also been completed and the conversion of the old isolation hospital into the nurses' home is in progress. Other additions and improvements in contemplation include the provision of a therapeutic bath in the female admission ward; the conversion of male 2 ward into the male admission ward, a much-needed change; and the conversion of the present shoemaker's shop, mattress room, etc., into a dining-room for the male No. 1 convalescent ward, thus avoiding the mingling of convalescing patients at an important stage of their recovery with others of chronic type and aberrant conduct.

The numerical changes which have taken place among the patients since my colleagues visit have been as follows:—

	Males.	Females.	Total.
Admitted - - - - -	82	86	168
Transferred - - - - -	2	3	5
of whom discharged - - -	26	37	63
of whom recovered - - -	23	30	53
Died - - - - -	30	47	77

These changes leave on the statutory books the names of 300 males and 328 female patients, or 628 in all, of whom 22 male and 19 female patients are of the private class, including in these 11 "Service" and one "ex-Service" patients.

Of the total patients 70 males and 63 females are out-county patients. Two males and 4 females are at present out on trial, and there were thus in residence at my visit to-day 298 males and 324 females, or 622 patients in all.

In the course of my tour of the wards, dormitories and offices, I have to the best of my belief seen all of the patients in residence, and have given each an opportunity of speaking to me, of which not a few took advantage. I am pleased to be able to say that I found the patients generally very quiet and contented and free from complaint apart from the natural desire of several to be discharged from certificates, and for which none of those who spoke to me are as yet fit.

I found the wards clean, tidy and comfortable, and the provision of books and newspapers satisfactory, and good facilities for games, etc. I saw a good meal consisting of vegetable soup containing meat, followed by baked apple pie, being served, and was especially pleased to learn

that there is an ample supply of green vegetables, and salad forms a regular part of the patients' dietary. The defective children, to whose presence my colleague drew attention last year, are still here, but I understand that arrangements are in progress for their reception into a home which has been established by the County Council, and I earnestly hope that this will be accomplished ere very long. The temporary shortage of nurses referred to by my colleague has been remedied. The general health of the patients appears to have been good, and apart from influenza, which has attacked 22 male and 24 female patients, and one case of dysentery, the hospital has been entirely free from epidemic disease.

The mortality rate for the year ended December 31st, 1929, was 13 per cent. for the male and 8 per cent. for the female patients, or 11 per cent. for the combined sexes, calculated on the average number daily resident. The comparatively high death-rate in the male division appears to have been due in part to an unusually high proportion of patients of advanced age.

Since my colleague's visit 30 male and 47 female patients have died, all from natural causes, though in three of these death appears to have been accelerated by accident. All three were the subject of coroner's inquests, and the verdicts given were in accordance with the medical evidence furnished, one being due to blood-poisoning, a septicæmia of unexplained origin, though a rat bite was suspected, and the two remaining were due to natural causes accelerated by fracture of femur sustained accidentally by slipping on the floor. The principal causes of death in the remainder were: general paralysis in 6, epilepsy in 1, organic brain disease in 17, and other forms of cerebro-spinal disease in 2; heart disease in 13, pneumonia in 8, tuberculosis in 2, malignant disease in 3, and in the remainder a variety of bodily diseases not calling for special mention. Only one serious but not fatal casualty has occurred during the twenty-one months which have elapsed since this hospital was last visited by a member of my Board, a fact which speaks very creditably for the care and skill of the nursing staff. I have, in the course of my inspection of the patients under treatment in bed, been pleased at the many evidences of careful treatment and kindly and efficient nursing of the sick. I have no doubt that the pathological laboratory, when it is in working, will be found to be of great value in checking and guiding the clinical work done in the wards, but I would suggest also that considerable advantage would accrue if the specialist services were increased by the appointment as visiting specialists of an ophthalmic surgeon and a specialist on diseases of the ear, nose and throat. It is much to be hoped also that in time an Out-patient clinic in association with the mental hospital, or having a member or members of the mental hospital medical staff on the staff of the Out-patient clinic, will be established at some convenient centre.

The weekly maintenance charge per head for home patients is 20s. 5d. and for private patients 21s. to 52s. 6d. The average weekly cost as last ascertained was 20s. 3d.

There has been no employment of mechanical restraint. Two male and 20 female patients have been secluded on several occasions.

The nursing staff under the matron and chief attendant consists of 7 male and 4 female nurses of charge rank; 27 male and 29 female ordinary nurses, and 6 male and 6 female nurses for night duty. No female nurses are employed on the male side. Twenty-one male and four female nurses are certificated or registered as mental nurses and 10 male and 5 female nurses have passed the preliminary examination.

The medical superintendent, Dr. Davie, who kindly accompanied me throughout my visit and gave me every facility, is ably assisted by Dr. E. P. Harding and Dr. Penuel G. Grant.

Yorkshire (North Riding) Mental Hospital.

April 10th, 1930.

We have to-day paid the annual visit on behalf of our Board to this hospital, and are glad to report that it continues to be administered in a progressive spirit with a view to bringing it up to and maintaining it at a modern standard.

Since our colleague's visit at the end of February last year the house for the medical superintendent has been completed, and Dr. Russell has entered into occupation. His old house in the main building has been converted into a Committee room, medical superintendent's office, and quarters upstairs for the deputy superintendent. It is proposed to fit up the rooms in the basement as a surgery, dispensary, and dentist's room.

Since the beginning of this year the hospital has ceased to generate its own supply of electricity, and the current is now taken from the City of York supply. Completed since the last visit is the provision of a fireproof cinema apparatus chamber.

Works in contemplation include the conversion of the male nurses' quarters at the end of wards 13 and 14 into accommodation for private patients, and the internal remodelling of those two wards; extension of the verandah on the female side used for occupation therapy; six new airing gardens shelters, and the utilisation of dormitory 11 on the female side by providing better and alternative exits.

Two pairs of semi-detached houses for the staff are now in course of erection.

The numerical changes that have taken place since the last visit are as follows:—

	Males.	Females.	Total.
Admitted - - - - -	120	104	224
Transferred to other care - -	8	6	14
Discharged from order - - -	36	41	77
of whom had recovered - -	26	30	56
of whom dealt with under s. 79 -	4	7	11
Allowed out on trial - - -	23	24	47
of whom granted allowances -	1	1	2
Died - - - - -	35	57	92

There are to-day on the statutory books the names of 910 patients, 396 males and 514 females. Three men and 2 women are now out on trial, leaving 905 in residence. During the year ended December 31st last the average number resident was 873: 364 males and 509 females. The total accommodation as returned to us is for 420 patients by day, and 437 by night on the male side, and for 495 by day and 533 by night on the female side.

There are therefore 24 vacancies on the male side, and an excess of 19 female patients. Out-county patients number 110: 49 men and 61 women, there being four reception contracts in force, namely with South Shields for 14 men, with Chester for 35 men and 21 women, and with Birmingham and Staffordshire for 20 women each.

Twenty-nine of each sex are classified as private patients, 16 of the men being of the "Service" or "ex-Service" class.

The weekly maintenance charge is 22s. 2d. for the North Riding patients, and from 25s. 1d. to 42s. for those of the private class. The average maintenance cost as last ascertained was 22s. 1d.

To the best of our belief we have seen all the patients in residence and given them an opportunity of speaking with us, of which many availed themselves. We found them very contented, quiet and orderly in their conduct, and free from any complaints. The appeals for discharge were not numerous. The dress and personal appearance of the patients on both sides were satisfactory. We saw some excellent work which had been

done in the occupation classes in both divisions, and are glad to hear that the occupation therapy is to be further developed.

The wards were very well kept, the day rooms and galleries presented a very comfortable and homelike appearance, being very well supplied with books, papers, games, and objects to interest the patients. The ward gardens too were in good order, and especially some on the male side, which are kept by the male nurses and the patients of their wards.

On visiting male 11 ward, a dormitory, we thought that the rails of the outside emergency iron staircase require heightening, or protecting, and an outside electric light placed in position.

We suggest that in the foul laundry a steam jet should be installed for the disinfection of the clothes bins.

We visited the Farm villa, and saw the 25 patients resident there. We hope that this house may in the near future be provided with electric lighting.

The mortality rate for the year ended December 31st, 1929, was 7.97 for the males, and 9.43 per cent. for the females, or 8.82 per cent. for the two sexes combined. Since our colleague's visit 35 male and 57 female patients have died, all from natural causes. One of these deaths was the subject of the only coroner's inquest held during the period under review, the death of the patient being accelerated by an accidental fall prior to admission.

The principal causes of death, verified in 69 instances by post-mortem examination, were as follows: general paralysis in 9, organic brain disease in 3, and exhaustion after mania and epilepsy in 1 each, senile decay in 6, and arterio-sclerosis in 5, influenza in 9, tuberculosis in 7, pneumonia in 12, and bronchitis in 7, heart disease in 9, kidney disease in 13, and cerebral disease in 3. In the small remainder the deaths were due to a variety of bodily diseases not calling for particular mention.

There was no death from either enteric fever or dysentery, from both of which diseases the hospital has been entirely free since the last visit.

The general health has been good, except for an epidemic of influenza, which visited the hospital during March, April, and May, of last year, and attacked 90 patients and 21 members of the hospital staff.

Only four serious but not fatal casualties have occurred, two of them due to accidental falls, and two of them due to blows by a fellow patient.

We are satisfied that the sick patients are well and kindly nursed, and skilfully treated, and especially have been pleased at the constant application of the results of investigations in the laboratory to the clinical work carried out in the wards.

There has been no use of mechanical restraint, and only one woman was secluded for a few hours.

Parole is given to 33 men and 3 women to go beyond the estate, and 20 men and 37 women have that privilege within the grounds. Two male and one female ward are open to the grounds, and one male and 2 female to the gardens only.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	10	11	21
Ordinary - - - - -	46	56	102
Night - - - - -	8	8	16
Certificated or registered - -	30	23	53
Passed preliminary examination only - - - - -	6	10	16

Dr. Russell has the assistance of Dr. William Fraser as his deputy, and of Dr. J. J. O'Riordan as a medical officer.

Yorkshire (West Riding) Mental Hospitals.—1. Wakefield.

April 5th, 1930.

The work of bringing the older parts of this institution up to the requirements and views of modern times is being continued, and since the last visit of our colleagues new sanitary spurs have been completed, and bathrooms provided on the female side; ranges of lavatory basins with hot and cold water supplies have been fixed in male wards 2, 5 and 9, and a sanitary block and lavatories have been provided in the airing courts of male wards 2 and 35. The male isolation hospital is in process of being remodelled, and two new sanitary annexes are being erected in the male division of the old building. The suggestion of our colleagues for alternative exits to the top dormitories of male wards 7 and 13 have been met by the provision of new inside stone staircases; the viewing room at the mortuary has been very well fitted up with panelling, painted and decorated. The work of remodelling the laundry has been completed, a new calender has been installed, an office and messroom have been provided there.

On visiting the kitchen and stores at the main building, it struck us that these departments were not large enough for present requirements, and hope the Visiting Committee will take into consideration the remodelling of these departments, and in this connection consider the removal of the farm buildings and the erection of new stores on that side. Lifts for taking the food from the kitchen to the wards on either side would be useful additions, and we understand that it is contemplated to commence with one on the female side this year.

In the East and West cottage homes smoke screens of sliding doors have been erected as suggested by one of us, and his colleague three years ago.

Since February 21st, 1929, the date of the last visit of our colleagues, the following numerical changes have occurred:—

	Males.	Females.	Total.
Admitted - - - - -	219	234	453
Transferred to other care - -	9	5	14
Discharged from reception Order	78	106	184
of whom had recovered - -	55	65	120
of whom dealt with under s. 79 -	22	41	63
Allowed out on trial - - -	—	51	51
of whom granted money allow-			
ances - - - - -	—	46	46
Died - - - - -	116	73	189

These changes leave on the books the names of 2,413 patients in the proportion of 1,190 males to 1,223 females. With the exception of 4 women all are in residence now.

Private patients number 115 men, of whom 109 are the "Service" or "ex-Service" class. There are only 7 out-county cases.

The accommodation as returned to our Board is for 1,166 males and 1,184 females by day, and for 1,269 males and 1,224 females by night. This will probably be readjusted in view of certain alterations taking place, for instance at the male isolation hospital. On present figures there would appear to be an excess of 24 male and 39 female patients.

The weekly maintenance charge is for the home patients 23s. 4d., for those of the private class 28s., whilst the average weekly cost as last ascertained was 26s. 3½d.

To the best of our belief we have seen all the patients in residence, and given them an opportunity of speaking with us. Yesterday, owing to the inclemency of the weather, we saw nearly all the patients indoors,

and notwithstanding this confinement they were quiet and orderly in their behaviour, and extremely free from complaints as to their treatment apart from appeals for discharge, and these were not unduly numerous.

To-day we have seen the occupants of Ivy House, Stanley Hall, and Hatfield Hall. At the two latter places there are 15 of each sex under the age of 16, several of whom we thought would be better accommodated at mental deficiency institutions, if they were available.

The day-rooms and galleries generally were clean and well-kept. The dormitories and single rooms, with their beds and bedding, were in proper order. The clothing and personal appearance of the patients were satisfactory. We suggest that the outer coats and cloaks would be better kept if coat-hangers were provided on rails in the ward store and cloak rooms.

Thirty-nine male patients have their parole to go beyond the estate, whilst 124 other males and 516 females have parole in the grounds. Three wards on the male side, namely ward 20 West Cottage home, and Hatfield Hall, are administered on the open-door principle, whilst female wards 5, 6 and 34, the nurses' old residence, Ivy House and Stanley Hall are also open.

Dr. Wilson still holds her occupation classes, at which she is assisted by ladies from outside. We yesterday saw a class of girl guides from the patients drilling under the instruction of the chaplain's wife in the hall at the acute hospital.

The general health of the patients appears to have been good since the hospital was visited by our colleagues last year. Apart from a few cases of influenza early last year, and 10 cases of dysentery, 2 in the male, and 8 in the female division, distributed in small numbers over the months of March, May, June, July, October and February, the hospital has been entirely free from epidemic disease. The tuberculosis rate, both in respect of new cases notified and of deaths per population for the year 1929 has been substantially lower than the mean rate for all mental hospitals, and to-day there are only 4 male and 5 female patients in the hospital with signs of active tuberculosis.

The death-rate for the year ended December 31st, 1929, was 8.49 per cent. for the male, and 6.44 per cent. for the female patients, or 7.46 per cent. for the combined sexes, the lowest yet recorded death rate for this institution.

Since our colleagues' last visit 116 male and 73 female patients, or 189 altogether have died, and with the exception of 5 in which death was accelerated by or connected with accidental occurrences prior to admission, all due to natural causes. The five excepted cases and three other deaths were the subjects of coroner's inquests, the verdicts being in accordance with the medical evidence. The circumstances in all cases were communicated in full to our Board at the time. Of the total number the principal causes of death were as follows: general paralysis in 19, organic brain disease in 16, exhaustion from mania or melancholia in 11, and epilepsy in 5, heart disease in 44, kidney disease in 13, and bronchitis in 7; pneumonia in 34, tuberculosis in 15, and senile decay in 7. No death occurred from influenza; enteric fever was conspicuous by its absence, and in the remainder the death was due to a number of forms of bodily disease not calling for particular mention.

The causes of death were verified by post-mortem examination in no less than 171 or 90 per cent. of all deaths.

Of serious but not fatal casualties, 6 have occurred on the male and 12 on the female side, mostly due to accidental falls, but in three of the male cases sustained during struggles with others in outbursts of violence on the part of the patients themselves.

During our tour of the wards we gave special attention to the patients under treatment in bed, 88 on the male and 107 on the female side, and were thoroughly satisfied that they were in receipt of every proper care

and attention; kindly and efficiently nursed, and skilfully treated by modern methods. Although the day was cold and wet the patients in bed in the marquees appeared to be warm and comfortable, and we have no doubt that the form of open-air treatment during the day contributes to the low tuberculosis rate of the hospital, and is of benefit in many cases of mal-nutrition. We were glad to learn that the patients treated in the marquees are as a rule mentally unable to appreciate the amenities of an indoor ward, or read, or engage in handwork.

We yesterday saw the dinner meal served and partaken of in some of the male wards in the main building. It consisted of hashed meat, potatoes and vegetables with bread. It was nicely cooked and palatable. We are informed that the patients have suppers consisting of bread and margarine or cheese, or cake, with coffee, cocoa or soup.

There has been no employment of mechanical restraint or seclusion.

The nursing staff is composed as follows:—

	Males.	Females.	Total.
Charge - - - - -	24	60	84
Ordinary - - - - -	142	189	328
Night - - - - -	23	39	62
Certificated or registered - -	84	35	119
Passed preliminary examination only - - - - -	12	4	16

There are 59 women nurses employed with the male patients.

Dr. Bolton has the assistance of Dr. M. J. McGrath as deputy superintendent, and of Dr. Harriette A. Wilson, Dr. H. Edelston, Dr. C. L. Copeland, Dr. G. C. Morris and Dr. J. J. Graham as medical officers.

Yorkshire (West Riding) Mental Hospitals.—2. Wadsley.

November 12th, 1930.

It is now nearly a year and eight months since this hospital was visited by members of our Board, and during that period a considerable amount of alterations and improvements have been carried out, and amongst them may be mentioned the completion of the Bridge dormitory in male ward 2; alterations to the clinical room in male ward 3; the division of the male No. 7 ward garden, and the erection of a shelter there; improvements in the mortuary; installation of drawplate ovens, kneader, etc., in the new bakery; additional laundry machinery in the laundry (here we noticed that some of the driving bands of the hydro-extractors required guarding) and new electric mains for the laundry and X-ray room provided.

Among the important works in progress are the sanatorium for tuberculosis and dysentery cases of 25 of each sex; the new bakehouse, and conversion of the old one into an engine room, and installation of three electric generating sets; the continuance of the installation of electric lighting; the alterations to the heating and hot water supply; six staff cottages, and a considerable amount of outside and inside painting.

Works in contemplation comprise the erection of an admission hospital and convalescent homes. A satisfactory layout scheme has now been agreed upon and the plans are in course of preparation. Plans for the erection of a pair of semi-detached houses for assistant medical officers have been submitted to our Board.

Additional glass solariums are proposed for wards M.1 and 3a; and hot plates heated by steam for those wards where the patients dine there.

Since the last visit by our colleagues considerable numerical changes have taken place, and as a result there are now on the statutory books the names of 1,964 patients in the proportion of 936 males and 1,028 females. Seventeen men and 10 women are now out on trial, leaving 919 males and

1,018 females in residence. The average number in residence in 1929 was 887 male and 1,011 female patients. The total accommodation as returned to us is for 885 males and 927 females by day, and for 906 males and 1,022 females by night. There is still a considerable deficiency of day accommodation, especially on the female side. At present practically all the night accommodation is occupied.

Private patients number 61 men and 2 women, 57 of the former being of the "Service" or "ex-Service" class. There are only 3 out-county cases.

The weekly maintenance charge is for the home patients 23s. 4d., and for those of the private class 28s. per head. The average weekly maintenance cost as ascertained on March 31st last was 23s. 0 $\frac{1}{8}$ d.

To the best of our belief we have seen all the patients in residence, and given them an opportunity of speaking with us, and apart from the average number of appeals for discharge, we received no complaints, and the patients appeared generally contented, orderly, and well-behaved. Their dress and personal appearance were satisfactory.

Parole beyond the bounds of the estate is given to 29 men and one woman, and within the estate to 19 other men. Four male and 3 female wards are open to the ward gardens, and two male wards to the grounds generally.

The dayrooms and galleries were clean and well-kept, and generally there was a good supply of books and papers, but we should like to see more in those wards where the more turbulent patients are, and also more plants in those wards. The sanitary annexes were in proper order. We suggest that pedal releases should be fixed to the water closets where possible. The dormitories and single rooms with their beds and bedding were in a satisfactory state.

We yesterday saw a good dinner in preparation in one of the kitchens, and afterwards being partaken of in some of the wards. The female dining hall in the main building is in course of redecoration and the patients who dine there are for the present dining in their wards. The meal yesterday consisted of meat pie followed by tapioca pudding.

The patients' shop, or canteen, is proving a great convenience, and the profit which accrues is placed to the credit of the patients' fund.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	37	43	80
Ordinary - - - - -	93	102	195
Night - - - - -	18	23	41
Certificated or registered - -	46	42	88
Passed preliminary examination only - - - - -	45	70	115

The general health of the hospital appears to have been satisfactory during the period under review, although it was visited by influenza in the spring, infecting 167 patients and 25 members of the staff, and carrying off 20 of the female patients. Three cases of enteric fever and a like number of cases of dysentery have occurred, the infection having been spread in all probability from one or more "carriers" of these diseases resident in the hospital. Some of these "carriers" have been traced and appropriate precautionary measures are in force.

Also three cases of scarlet fever, and 7 cases of erysipelas have been under treatment. There are to-day 8 male and 11 female patients under treatment for active tuberculosis.

The mortality rate for the year ended December 31st last was 9.7 per cent. for the male, and 11.2 per cent. for the female patients, or 10.5 per cent. for the combined sexes calculated on the average numbers daily resident.

Since our colleagues' visit twenty months ago 145 male and 183 females or 328 patients in all have died. The principal causes of death verified in

310 cases by post-mortem examination, or the very satisfactorily high proportion of nearly 95 per cent., were as follows: general paralysis in 28, epilepsy in 14, and organic brain disease in 22; pneumonia, including 17 cases of broncho-pneumonia in 53; heart disease in 18; kidney disease in 52; cardio-vascular degeneration, including senile decay, in 63, carcinoma in 11, and various forms of tuberculosis in 17. There were no deaths from dysentery, but there were 3 from enteric fever, and 2 from erysipelas. There were also 2 deaths from fracture of skull, both in males accidentally caused, and in one of these a week prior to admission. These two accidental deaths and those of 6 others, female patients, were all subjects of coroner's inquests. In 4 of these last-named death was either due entirely to natural causes, or had been accelerated by fracture of bone due to accidental falls. In two, however, death was due to suicide by hanging in circumstances which were reported to our Board at the time and in which the finding of the coroner's inquest included a rider exonerating the staff of the hospital from blame. In this connection we have discussed with the medical superintendent of the hospital the system we find here of two kinds of caution cards—one pink, and one blue. The pink cards are employed in the case of patients who are regarded as definitely and actively suicidal, and in these stringent precautions are enforced; the blue cards, we gather, are applied in cases where the patients may, or may not have been actively suicidal, and are not now so regarded, but should be regarded as potentially suicidal. In our view the system may lead to the formation of a large group of dubiously suicidal cases (as a matter of fact there are to-day 81 patients on blue cards, and only 5 on pink cards) in which the nurses immediately in charge may feel a diminished sense of responsibility, and when suicide occurs may have to shoulder undue blame. We think that a single caution card system is to be preferred.

It has given us great pleasure in going round the wards where the sick are under treatment, and in discussing individual cases with the medical officers in charge of the patients, to find so keen interest and medical skill and treatment. The liaison between the clinical work in the wards and the admirably conducted pathological department is highly satisfactory, and we were pleased with what we saw of the new radiological department. In connection with this last named department we would suggest, inasmuch as the work covers a wide field of enquiry and demands constant practice, that wherever the officer in charge of this department does not give his whole time to the work it would be advantageous if he or she should be in frequent touch with nearest important radiological department, e.g. by obtaining the services of the heads of the department, say once a month, as a visiting consultant to the hospital.

Dr. Vincent has the services of five medical officers, Dr. Gillespie being the deputy superintendent.

Yorkshire (West Riding) Mental Hospitals.—3. Menston.

April 9th, 1930.

Since our colleagues' visit just six months ago the following numerical changes have taken place amongst the patients in this hospital:—

	Males.	Females.	Total.
Admitted - - - - -	64	61	125
Transferred to other care - -	2	—	2
Discharged from reception Order -	40	50	90
of whom had recovered - -	28	34	62
of whom dealt with under s. 79 -	11	15	26
Allowed out on trial - - -	26	33	59
of whom granted allowances -	9	2	11
Died - - - - -	34	28	62

These changes leave on the books the names of 1,843 patients in the proportion of 897 males to 946 females. Two men and 4 women are now out on trial, leaving 1,837 in residence. During the year ended December 31st last the average number of patients resident was 1,844, 889 males and 955 females.

The total accommodation as returned to us is for 875 patients by day, and 857 by night on the male side, and for 900 by day, and 907 by night on the female side. There is therefore an excess of 38 male and 42 female patients at the present time.

Private patients number 136 men and 38 women, 115 of the former sex being "Service" or "ex-Service" patients. There are 4 of each sex out-county patients.

The weekly maintenance charge is 23s. 4d. for the home patients and 28s. for those of the private class. The average maintenance cost as last ascertained was 23s. 4 $\frac{1}{4}$ d. per week.

To the best of our belief we have seen all the patients in residence, and given them an opportunity of talking with us. The weather being wet and foggy, the patients were in the wards, and notwithstanding this they were generally quiet and well behaved, and free from noisy excitement in those wards where the more unruly patients were. It struck us that a large number of both sexes were sitting about doing nothing, and we think that a more liberal supply of magazines, picture papers, and such like would be a good thing, and especially in the wards where the lower type of patients were. Generally their dress, and personal appearance were satisfactory. There still seems to be a shortage of overcoats, although we are informed the stock has been increased. On the male side there is a supply of footwear for indoors, but it seems there is none on the female side.

Parole is allowed on the male side only, 19 men having it beyond the estate, and 53 within the grounds. One ward on either side is open to the grounds, and one ward on each side to the ward gardens only.

The dayrooms and galleries were tidy and well-kept, and the dormitories and single rooms with their beds and bedding clean and in good condition. We were informed that screens were available for placing between the baths in the female bathrooms.

The return of the weekly average number of patients usefully employed is good, being 70.3 per cent.—72.7 for the men and 68.1 for the women. Besides the patients employed in the laundry, kitchen, and other departments we saw some women engaged in raffia and such like handicraft in ward 21. A new sewing room is being erected, and when this is finished the present room will be used as a study room for the female nursing staff.

Completed since the last visit are the erection of a verandah to ward 22—the female side of the isolation hospital, the provision of a continuous bath in the admission wards on either side, and the alteration to the drying closets, and water supply in the laundry. The work of continuing the installation of electric lighting is going on.

We saw the dinner in preparation in two of the kitchens, and afterwards saw it being partaken of by about 460 male patients in their dining hall. It consisted of meat, potato and onion pie, followed by sago pudding. It was of good quality and well-cooked.

Since our colleagues' visit six months ago the general health of the patients has been good, and with the exception of a few cases of influenza of mild type, and 4 cases of erysipelas, there has been no occurrence of any disease of an epidemic or infectious nature. We are pleased to note that the hospital has been and is entirely free from dysentery or enteric fever, and that tuberculosis is represented to-day by 8 cases on the male side, and 6 on the female.

The mortality rate for the year ended December 31st, 1929, was 9.33 per cent. for the males, and 7.95 per cent. for the females, or 8.62 per cent. for the combined sexes. Since last visit there have been 62 deaths (34 males and 28 females) all, with one exception, from natural causes.

In the excepted case, an epileptic died from asphyxia during a fit. This death and one other, in which the patient died from natural causes (degeneration of heart and arteries) were the subjects of coroners' inquests, and the whole circumstances were communicated to our Board at the time.

The principal causes of death, verified by post-mortem examination in 45 instances, were heart disease (11), arterio sclerosis (6), senile decay (5), general paralysis (8), organic brain disease (3), pneumonia (7), and tuberculosis (9). Four patients died of one or other form of cancer, and in the remainder death was due to a number of bodily diseases not requiring particular mention. Only two casualties involving fracture of bone have occurred, both of a minor character.

We are well satisfied that the patients under treatment in bed, numbering 51 males and 66 females to-day, are kindly and efficiently nursed, and in receipt of skilled treatment on modern lines. Advantage is being taken of the new treatment centre in its various departments, but we venture to suggest that fuller use might be made of ultra-violet therapy.

There has been no resort to mechanical restraint or seclusion.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	27	28	55
Ordinary - - - - -	112	97	209
Night - - - - -	14	17	31
Certificated or registered - -	64	41	105
Passed preliminary examination only - - - - -	16	24	40

During our tour of the wards we found on duty 66 male and 55 women nurses. Over five years' service can be reckoned by 68·8 of the men, and 44·8 of the women, which is satisfactory. Sixty-five of the women nurses live outside the institution.

Dr. Edgerley has the assistance of Dr. R. C. Walker as deputy superintendent, and Drs. R. R. Kirwan, J. Russell, R. E. Hodgson, and D. Perk as medical officers.

A residence for an assistant medical officer has been completed, and is in occupation. Another similar house is just about to be commenced.

Yorkshire (West Riding) Mental Hospitals.—4. Scalebor Park.

March 20th, 1930.

It is just nine months since my colleagues visited this hospital, and during that period the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	23	39	62
Transferred to other care - -	5	7	12
Discharged from reception Order -	12	24	36
of whom had recovered - -	7	19	26
Allowed out on trial - - -	4	22	26
Died - - - - -	4	14	18

These changes leave on the books the names of 105 male and 130 female patients, one of the former and 4 of the latter are at present away on leave of absence. The average number of patients in residence last year was 101 on the male side, and 133 on the female. The total accommodation as returned to my Board is for 176 males by day and 136 by night,

and for 150 females by day and 144 by night. There are therefore vacant beds for 32 men and 18 women at the present time.

The weekly maintenance charge is from 42s. upwards, whilst the average cost as last ascertained was £2 13s. 1d.

Owing to the inclemency of the weather all the patients were indoors, and I saw them in their several divisions. I found them very quiet and contented, and entirely free from any complaint of any kind. They were tidy and neat in their personal appearance. Eleven of the gentlemen and 26 of the ladies were confined to bed, mostly for rest and on account of senility, especially the latter reason on the female side. I noticed that in the dormitories where the patients were confined to bed that there were more beds than there should be according to the allowance of 67 feet of floor space.

The hospital has been free from any form of epidemic or zymotic disease, and with one exception all the 18 deaths were from natural causes. In the excepted case, where the only inquest was held, death occurred from heart failure caused by an overdose of aspirin taken before admission. The principal causes of death were organic brain disease 5, senile decay 4, and pneumonia and heart disease two each.

There have been no serious casualties, and no employment of mechanical restraint or seclusion.

Parole beyond the estate is given to 14 gentlemen and 12 ladies; whilst 76 gentlemen and 86 ladies have exercise within the grounds.

The sitting rooms and dormitories with the single rooms are well kept, and present a comfortable appearance. No doors have yet been fixed to the w.c's, but I am told the matter has not been lost sight of.

Another matter, which my colleagues commented on last year, namely the means of escape in the event of fire from the bedrooms at High Lands, is receiving the attention of the Committee, and plans have been got out for the erection of outside stone staircases, to be in keeping with the architecture of the house, and for two internal smoke screens.

Since the last visit, among the alterations and improvements, may be mentioned the provision of an automatic gramophone for the cinema entertainments, wireless listening-in sets in the sitting rooms of both divisions, a refrigerator in the kitchen, and new cold storage apparatus for meat, etc.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	7	5	12
Ordinary - - - - -	29	30	59
Night - - - - -	7	13	20
Certificated or registered - -	28	15	43

I found on duty during my tour of the hospital 15 male and 23 female nurses.

I regret to hear that last year the hospital lost the services of both the Chairman and Vice-Chairman of the Committee, Dr. G. D. Todd and Mr. J. Thornton, both of whom had given many years of devoted work on behalf of the hospital and its patients.

Dr. Gilmour still has the services of Dr. C. D. Law as medical officer.

Yorkshire (West Riding) Mental Hospitals.—5. Storthes Hall.

April 6th, 1930.

We have to-day completed the inspection of this large and important institution which we commenced yesterday, and are glad to report the continuance of a progressive spirit in administration, and determination to keep it up to modern ideas and requirements.

Since our colleagues' visit nine months ago the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	131	178	209
Transferred to other care - -	4	42	46
Discharged from Order - - -	38	60	98
of whom had recovered - -	27	43	70
of whom dealt with under s. 79 -	1	7	8
Allowed out on trial - - -	42	56	98
of whom granted allowances -	18	8	26
Died - - - - -	59	48	107

These changes leave on the books the names of 1,798 patients in the proportion of 853 men to 945 women. Seven men and 8 women are now out on trial, leaving the number of 1,783 patients in residence. The average number in residence during the year ended December 31st last was 818·39 men and 916·52 women, a total of 1734·91.

The total accommodation as returned to us is for 983 men and 1,101 women by day and for 670 men and 966 women by night, so at the present time there are only 24 vacant beds on the male side and 29 on the female side. These figures are exclusive of the acute hospital, which is in occupation of the Ministry of Pensions, and where there are 290 beds, equally divisible between the two sexes. The lease of this portion expires at Michaelmas, 1931.

Private patients number 51 men and 21 women, 45 of the former being of the "Service" or "ex-Service" class. There are 197 out-county patients; 15 men and 9 women are received under contract from South Shields, 20 women from Nottingham City, 21 men and 32 women from Cheddleton Mental Hospital, and 93 from Birmingham. All these reception contracts expire this year.

The weekly maintenance charge for the home patients is 23s. 4d., and for those of the private class 28s. The average maintenance cost as last ascertained was 21s. 2½d.

We saw to the best of our belief all the patients in residence, many of them in the ward gardens, and at work in the respective domestic departments. Generally they were well behaved, contented, and free from complaints as to their treatment. The appeals for discharge were not unduly numerous.

Their dress and personal appearance were satisfactory. There are now sufficient night garments for all patients of both sexes.

Ten male patients have parole to go beyond the estate, and 71 other men and 13 women have that privilege within the grounds.

Four wards on either side are administered upon the open-door principle, and are open to their respective ward gardens all day.

The ward gardens generally are very well kept, and additional flower beds are being laid out in several of them. Two new sanitary conveniences have been erected in the gardens which serve female wards 7, 8, 9, 10, 16, 17, 18, 19, and 20. A new one is proposed for the gardens of male wards 7 and 9.

The fabric of the hospital is well maintained, and both outside and inside painting and redecoration has been carried out. The farm residence has been supplied with a system of heating by radiators, and this house is now comfortably warmed.

Two canteen shops have been provided in the main institution, and are proving very popular with the patients.

Work at present in hand includes the erection of a verandah to male ward 17, and the necessary sanitary convenience. Outside shutters are being put up in the windows of the recreation hall, so that the cinematograph may be used in daylight. The disused reading room in the basement of the centre of the main building is being converted into five bedrooms

for the female domestic staff, thereby releasing the rooms at present occupied by them on the male side, but approached from the kitchen. These rooms would be available for selected male patients.

In the female general bathroom small wooden screens have been provided between each bath.

The dayrooms, galleries, and dormitories were very clean and well-kept. The beds and bedding were properly arranged and in good condition.

We yesterday saw the midday meal served and partaken of in some wards on the female side. It consisted of cold bacon, boiled peas and potatoes followed by milk puddings. It was of good quality. We notice, however, that in some wards knives and forks were not being used, and the pieces of bacon served to each patient had not been cut up into sufficiently small pieces. If a different pattern knife and fork were adopted for those wards to what is now in general use in the hospital, we think it would be an advantage.

The mortality-rate for the year ended December 31st last was 9.04 per cent. for the males and 7.09 per cent. for the females, or 8.01 per cent. for the sexes combined, calculated upon the average number daily resident during the year. Since the last visit of our colleagues 59 male and 48 female patients have died, all deaths, with one exception, being due to natural causes. In the excepted case, the patient, a male, died from the effects of oxalic acid poisoning, self-administered prior to admission. This case and those of three other patients were the subject of coroners' inquests, and in the latter three the deaths were found to be due to natural causes, though in one death was accelerated by an accidental fall. In each of these cases the circumstances were communicated in full to our Board at the time.

The principle causes of death were as follows: general paralysis in 15, organic brain disease in 8, exhaustion from mania or melancholia in 4, and from epilepsy in 4; senile decay in 17, heart disease in 24, kidney disease in 8, and carcinoma in 5. Eight patients (5 males and 3 females) died from tuberculosis and 6 from pneumonia, whilst in the small remainder the deaths were due in single numbers to a variety of bodily diseases not calling for special mention. A very satisfactory feature of this analysis of the causes of death lies in the entire absence of enteric fever, dysentery, influenza or any other form of epidemic disease, and the comparatively low death rate from pneumonia and tuberculosis. Since our colleagues' visit there has been no occurrence of either influenza or enteric fever, and only 2 cases of dysentery, both on the female side, and none since October of last year. It is impossible to dissociate this highly satisfactory state of affairs from the active measures which have been here in operation throughout the year for the detection and isolation of "carriers" and suspected subjects of dysentery and enteric fever, and especially the routine laboratory tests carried out on every admission for the presence or absence of the enteric and dysentery groups. Similarly all the admissions were tested for evidences of specific infection, a highly important matter upon which much depends, apart altogether from its necessary determination in every suspected case of general paralysis. The work carried out in the laboratory extends over a wide field, and covered, we understand, some 4,000 examinations during the year 1929, and we take this opportunity of expressing our appreciation of the value of the results achieved.

The general health of the patients during the period under review has been good, and we are pleased to note that both in respect of the proportion of new cases of tuberculosis notified and deaths per population, the rates for this hospital are lower than the mean rates for all mental hospitals, a fact doubtless not unconnected with the free employment of open-air treatment day and night in suitable cases.

During our tour of the hospital we gave particular attention to those under treatment in bed—approximately 10 per cent. of the whole number—and are satisfied that they are in receipt of kindly and capable nursing and skilled medical treatment in accordance with modern methods of proved value. We were interested in the favourable results now being obtained in a considerable number of cases of general paralysis—a disease formerly considered to offer no hope—and in the adoption of other therapeutic measures whose adoption elsewhere has given favourable results.

Since our colleagues' visit there have been only 5 serious but not fatal casualties on the male side, and 6 on the female side—all accidentally sustained—a satisfactory low casualty rate for a hospital of this size.

The present nursing staff consists of 30 men and 40 women as charge nurses, 79 men and 113 women as ordinary nurses, and 14 men and 21 women for night duty. Seven women are employed on the male side. Forty-eight of the men and 26 of the women are certificated or registered as mental nurses.

Dr. Ewing has the assistance of four medical colleagues, Drs. Montgomery, Bruce, Commell and Harkness.

City of Birmingham Mental Hospital.—1. Winson Green Division.

May 24th, 1930.

There can be no doubt that the patients at the main building and the dependencies are as happy and contented as the condition of their enforced detention will permit.

Although this old hospital has necessarily defects in its construction, which are connected with its long history and age, much has been done and still is being effected, so far as it is possible, to eliminate them. The hospital has not a few attractive features, the most outstanding one being the homeliness and simple comfort of the wards.

A large number of the patients are allowed full parole, week-end leave is freely permitted and the occupations are carefully considered and arranged, including handicrafts, in connection with which the Brabazon Society hold a weekly class.

The gardens at Winson Green have been greatly improved, two calorifier houses with complete gear have been constructed, the mechanical power has been converted from steam to electricity, and a central sanitary spur has been provided in the main entrance corridor. The domestic hot and cold water supply, new guards for the hot water pipes in the single rooms and a hard tennis court with lawn and garden are all in course of being dealt with, whilst in contemplation are, improvements to the lighting and ventilation of the female dormitory annexe, the reconstruction of the post-mortem room and the adaptation of the Fever Hospital and of Uffculme, which have lately been acquired, the former for the accommodation of some 98 nurses and 200 female patients and the latter for 100 male patients—plans in regard to these two additions are under consideration, and when the necessary work is completed will do much to relieve the existing overcrowding and avoid the necessity of boarding patients out.

Since the last visit in November, 1929, there have been 86 admissions and 53 discharges. Trial has been granted to 26 patients and money allowances given in 14 cases. The number of patients on the books is 771—males 383, females 388, of whom 77 are classed as private—including 50 "Service" and 5 "ex-Service." Four patients are on trial, leaving in residence 767—males 381, females 386.

The maintenance rate for home patients is 27s. 5d., and for private patients from 31s. 3d. to 42s.

We are glad to hear that the patients are as a whole well visited by

their friends, and that when there is apparently any neglect in this respect they are written to and reminded of their obligations.

The staff of nurses consists of:—

						Males.	Females.	Total.
Charge	-	-	-	-	-	10	10	20
Ordinary	-	-	-	-	-	43	39	82
Night	-	-	-	-	-	6	6	12

Forty-five male and 17 female nurses are certificated or registered as mental nurses.

The wards where the new admissions and sick patients are nursed are well equipped, though we thought there was a somewhat short supply of hot water bottles in some of them, and we were satisfied that those under treatment in bed for any reason were receiving excellent care and nursing attentions. Few of the patients were seriously ill, and we understand that the general health of the hospital has been good throughout the winter. There have been seven cases of erysipelas, four men and three women—but otherwise there has been no epidemic disease, and there are only four known cases of tuberculosis in the hospital. An operating theatre, continuous baths, and treatment by the ultra-violet rays are provided, and a room for Plombières treatment is about to be fitted up, while patients requiring examination by X-rays are sent to Rubery Hill.

The medical staff, who show much keenness in their work, have the assistance of a throat and ear specialist, who attends weekly, and of a gynæcologist, a dentist, and a consulting surgeon, so it is evident that everything possible is being done to improve the patients' health and to put them on the way to mental recovery.

The death-rate for 1929 was the satisfactory low one of 7·3 per cent.

With one exception all the deaths—31 in number—were due to natural causes, and these were verified by post-mortem examinations in over 80 per cent. of the deaths.

The excepted death, an interesting case, was the subject of a coroner's enquiry and of a full report to our Board.

The patient, a male, who was to be operated on by a specialist, ceased to breathe and his heart ceased to beat shortly after being placed under an anæsthetic. After various treatments, including direct heart massage through an opening in the abdominal walls, his heart recommenced beating and his breathing was renewed. He remained alive for some 12 hours, when death ensued. No doubt this case will be more fully reported on at a later date.

*City of Birmingham Mental Hospital.—2. Rubery Hill with
Hollymoor Division.*

May 23, 1930.

In all its departments this hospital is very well maintained, the wards are in capital order, tastefully decorated, and some of the smaller ones, including the bungalows, are quite attractive.

This is all reflected in the general air of contentment which we found prevailing throughout the institution. The suggestions made in the last report have received attention, but the supply of full-sized billiard tables in some of the male wards has for the moment been allowed to stand over.

New tea and coffee infusers and new potato and fish steamers have been installed in connection with the Rubery Hill kitchen, and a modern dough-kneading machine at Hollymoor, but, as we pointed out, it is not fitted with an automatic safety cover—this will doubtless receive attention. In the Rubery Hill laundry a new washing machine has been added, and there

has been a rearrangement of the machines in the foul laundry and at Hollymoor additions have also been made to the laundry appliances.

We have been much impressed with the individual attention which is evidently given to the mental and physical condition of the patients and the pleasant relations which exist between the patients and the staff.

We think that the introduction of a canteen, now so usual a feature at mental hospitals, would prove useful and would be much appreciated by everyone.

Some patients told us they were seldom if ever visited by friends, and we would strongly suggest that an endeavour and a systematic one, should be made to keep patients in touch with their relations and to induce visitation as much as possible.

Consequent upon the changes amongst the patients since the visit in November of last year, including 85 discharges and 21 dealt with under s. 79 of the Lunacy Act, there are on the books 659 males and 895 women—in all 1,554, of whom 84 are classed as private patients, including 55 "Service" and 7 "ex-Service."

The granting of trial is, we are glad to note, much favoured, and money allowances are given in not a few instances. There are at present 9 patients out on trial, leaving 1,545 in residence—men 657—women 888.

Except for some 40 cases of influenza, mostly on the male side, there has been no epidemic disease in the hospital, and the patients have enjoyed good health through the winter months.

Of those in bed the majority were being treated for mental reasons or old age, and a few were seriously ill, all were receiving careful nursing attention in well-equipped wards, and a number were being nursed in the open air. We thought it would be an improvement were issues of milk, lemons, soda water, etc., given in the reception and sick wards for the use of the night nurse so that any patient who desires it can be given a drink during the night. This issue is already made in some wards.

Recognition of the excellent medical work and the specialized treatments and research in the wards and in the laboratory has been made on a number of occasions in these reports—and we would now only say that they are still carried out with the greatest vigour both on behalf of those patients now in residence and by means of research, in the hope of benefiting future generations. The medical staff have the great advantage of the regular assistance of an ear, nose and throat specialist, of a gynaecologist, a radiographer, and, where necessary, of a consulting surgeon, so that every patient who needs it has the enormous advantage of combined advice and treatment. We were much interested in visiting the laboratory at Hollymoor, and in being shown some of the work carried out by Dr. Pickworth.

The death-rate for 1929 was 9·3 per cent. for males and 6·5 per cent. for females—a total of 7·7 per cent. for both sexes. Though somewhat higher than the previous year this is still satisfactorily low.

With one exception all the deaths were due to natural causes, and the cause was verified by post-mortem examinations in over 80 per cent. of the cases. The excepted death was due to a suicidal act whilst the patient, a female, was on leave at her husband's house, and concerning this and two other deaths inquests were held. The facts of these cases were duly reported to our Board at the time, and they call for no special mention.

There has been only one death from tuberculosis, and there are now only two patients known to be suffering from this disease, and in one of these the diagnosis is not yet confirmed. This low incidence is most satisfactory. According to the returns made to us, there is overcrowding to the extent of 11 on the male and 33 on the female side. It has to be remembered, however, that as many as 336 patients—males 203, females 133—are boarded out under reception contract.

The maintenance rate for home patients is 27s. 5d., and for private patients 42s. to 63s.

Those having full parole number 14 men and 22 women, and 53 men and 18 women have a more limited freedom within the estate.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	14	21	35
Ordinary - - - - -	94	92	186
Night - - - - -	17	18	35

Eighty-eight male and sixty-two female nurses are certificated or registered as mental nurses.

Dr. Graves has the assistance on his medical staff of Dr. Elizabeth Selkirk (deputy superintendent), Dr. J. Muir MacKenzie, Dr. Kathleen Sykes, Dr. W. H. Shilvock and Dr. Dorothy M. Payton.

Brighton Mental Hospital.

June 20th, 1930.

Since this hospital was last visited by one of my colleagues 127 patients have been admitted, 21 have been transferred to other care, 59 have been discharged (48 upon recovery) and 58 have died. Eleven patients have been allowed out on trial to test their suitability for discharge, money allowances being granted in 6 cases.

There are now on the statutory books the names of 872 patients but 3 were out on trial at the time of my visit, leaving in residence 346 men and 523 women, a total of 869. There are 84 private patients, of whom 38 are women, 26 are "Service" and 2 are "ex-Service" patients. The out-county patients number 145, of whom the bulk are here under contract from Eastbourne and Napsbury mental hospital. The hospital appears to be overcrowded to the extent of 78 patients on each side, calculated upon the day space available, though the night space shows vacancies for 7 men and 54 women. The weekly maintenance charge per head is 25s. 1d. for home patients and from 28s. to 105s. for private patients, the average weekly maintenance cost as last ascertained being 25s. 7½d. per head.

Seventeen men and 32 women have full parole, and 61 men have parole within the estate. There has been no mechanical restraint and very little seclusion since my colleague's visit in November of last year.

The present nursing staff is as follows:—

	Males.	Females.	Total.
Charge - - - - -	11	10	21
Ordinary - - - - -	48	60	108
Night - - - - -	11	13	24

Forty-nine men and 38 women are certificated or registered as mental nurses, and 12 men and 19 women have passed the preliminary examination.

During the period under review much useful work has been done in the way of alterations and improvements, including the installation of some important machinery in the laundry and the redecoration of parts of the laundry, some of which is now in progress. I had an opportunity to-day of seeing the useful addition that has been made to the nurses' home, including a fine mess room and good kitchen, scullery and larder. The schemes in contemplation are evidence of the fact that the Committee are determined, so far as circumstances permit, to keep their hospital well abreast of the modern requirements for the treatment of mental diseases, and the erection of an admission hospital, the proposed site for which I was able to see to-day, will be a most valuable addition to the usefulness of the hospital. The site proposed is a very lovely one with a southern

aspect, and the beauty and quiet of the spot, if it is finally selected, cannot but be a valuable aid to the medical treatment of a diseased mind.

I also visited Beechmont House with its attractive gardens, where it is suggested that some of the private patients can be conveniently housed. The house is a fine one with good rooms, and seems admirably suited for such a purpose.

I was much struck in going round the hospital to-day at the quiet contentment of the patients. The morning was fine, and I saw most of the women in the ward gardens; many of the newly-admitted patients, and in another garden some of the more restless patients, were in bed under the trees and seemed to be comfortable there.

Some of the men, too, on the other side of the hospital were in bed under the trees this morning, but unfortunately the afternoon was wet and the mattresses had to be taken in. Neither in the wards, dormitories, or gardens this morning or this afternoon was there the slightest sign of noise or turbulence, and I found the patients very friendly and ready to talk. Except on the ground of detention I had nothing in the nature of a complaint. In the wards set apart for the more difficult patients (both male and female) there were quantities of flowers in vases and the gardens of these wards on both sides were gay with flowers. This is, I am sure, the result of patience and tactful teaching on behalf of those in authority, and might well be copied in other institutions of a similar nature where it is thought impossible to keep flowers in a turbulent ward, particularly in a female one. I was very much interested to hear that Mrs. Harper-Smith and some other ladies interested in the hospital have adopted, and become god-mothers to, particular wards, which they visit when they like and among other things help patients to keep in touch with their friends. The scheme is a delightful one and a really good one, and besides the joy it must give to many patients, must go far to spread confidence in the hospital and to get rid of that feeling of repulsion which is so often and so wrongly felt about a mental hospital by persons who have never visited one.

I was interested to see some patients in dark blue strong clothing, and it struck me that these garments were very much less noticeable than the ordinary coloured ones.

A special uniform is now used by the laundry maids, and it is proposed to put the patients working there into dresses of a similar shape, and which is said to be far more comfortable to work in. It struck me that a steam clothes press would be a valuable addition to the laundry.

The admission wards on both sides of the hospital looked extremely nice and seemed to be well equipped, and the sick and those in bed seemed to be in receipt of all possible nursing care and medical attention. There is at present no enteric fever or dysentery in the hospital, but there are 6 male and 10 female cases of tuberculosis.

Of the 58 deaths, the causes of which was verified by post-mortem examination in 46 cases, heart disease accounted for 17, arterio-sclerosis for 10, and organic brain disease for 9.

There have been 4 serious accidents involving fractures, in 3 of the cases fractures were caused by accidental falls, and in the fourth case to a fall caused by a fit.

It will be a great satisfaction to our Board to hear that Dr. Harper-Smith has been appointed honorary consulting physician on the staff of the Royal Sussex County Hospital, Brighton.

I have been much pleased at what I have seen at this hospital to-day.

City of Bristol Mental Hospital.

March 18th, 1930.

In spite of the fact that the returns given to us to-day show that there are at present vacancies in the hospital for 22 males and 12 females, the information does not really represent the actual facts. It is true that in

some of the convalescent wards there are these vacancies, but there is considerable overcrowding in the acute wards, much of the allotted day space being taken up now with beds, and on the estimated day and night space per patient throughout the hospital, there is considerable overcrowding. We know that this matter has for some time been engaging the earnest attention of the Committee, and we can only express our sincere hope that the matter may proceed without delay, and that the negotiations which are now taking place may lead at no distant date to the erection at any rate of an admission hospital and convalescent villas, which are so badly needed here. The question of the erection of a nurses' home is also, we understand, now under consideration, and this again is badly needed, but its erection on the lines of the proposed plan will not lead to any large increase in available space for patients.

In spite of the difficulties that, owing to the construction of the hospital, Dr. Barton White has to contend with in the way of classification, we think that he is making the best use of the materials available, and we have been much struck to-day at the orderliness and contentment of the patients on both sides of the hospital. The very few complaints that were made to us were obviously the result of disordered minds, and though we had a few applications for discharge, we have come to the conclusion that the patients here are carefully and kindly tended, and are as happy as their mental states will permit.

We were pleased to see that there were plenty of books on the shelves, and papers and picture papers in the wards. A capital plan is in vogue here of sending the daily picture papers after the day of issue to the sewing room, where six or more copies are sewn together in brown paper covers with an ordinary sewing machine and then returned to the wards, where, as we saw to-day, they are a great source of pleasure to the patients, and, as we were told, last for several weeks.

The wards and dormitories were clean and well-kept, nicely decorated with flowers, and well supplied with games and amusements. We should like to emphasise the importance of the charge nurses on both sides keeping a good supply of writing paper and envelopes. We know that they can replenish their stock at any time, but we hope that in future the stocks in the wards will be replenished before they run out. We attach importance to the desirability of patients keeping in close touch with their relations and think that they should be able without fail to get writing materials when they want. We should also like to see more hand towels issued for the use of those patients who would appreciate the use of a private towel and to see the numbers of roller towels decreased.

We were glad to see that the cinema operating box in the recreation hall has now been provided with a ventilation shaft.

Nine patients are now on trial leaving in residence 1,006 patients, of whom 466 are men and 540 are women. There are 68 private patients, of whom 14 are women and 39 are "Service" patients. Seventy-four patients have been allowed out on trial, money allowances being granted in 15 cases.

There has been no mechanical restraint. Parole is usually granted to 9 men and 2 women beyond the estate, and to 56 men and 48 women within the estate.

Since the last visit 82 patients have died, and it speaks well for the care and attention given by the nursing staff that in none of these were bed sores existing at death. The deaths, with one exception, were from natural causes. The most common form of death being heart disease, occurring in 22 instances. An inquest was held in the case of a man found dead in bed, and the verdict was one of "accidental death." The case was unusual, and at the post-mortem examination his larynx was found to be obstructed by his tongue.

There has been no enteric fever, but 5 cases of dysentery were reported during the year. Active measures have been taken to cope with this disease, and at present there is but one case, and that convalescent.

Seven casualties involving fractures of bones occurred since the last visit, and in every case the injury was purely accidental.

The laboratory, under the supervision of Dr. Taylor, pathologist at the general hospital, continues its useful work, and the medical staff with a trained laboratory assistant undertake all Wassermann reactions and also the vaccine therapy for dysentery. Several patients are now undergoing malarial treatment for general paralysis. We are glad to hear that occupation therapy is being introduced and a nurse has been attending classes in the city. We hope that this valuable treatment will be extended, so that even the wards in which are the least hopeful patients, will in time have their occupation classes.

The number of sedatives given at night is few considering the size of the hospital, and we note this as possibly related to the fact already mentioned that the wards were unusually quiet and orderly.

The medical staff remains at the same strength, and we hope in the near future it will be possible to appoint an additional assistant medical officer. We understand that at present there are no available quarters for such an additional doctor, and consequently the general position of the accommodation of the medical staff might, and with advantage, have to be considered. We hesitate to make further recommendations involving expenditure, but we cannot help feeling that the medical superintendent should have a house separate from the main building, and that there should be at least one set of married quarters for an assistant medical officer. In any case, the expanding demands of medical science, the increase in the number of patients, and the prospect of new and very desirable developments such as an Out-patients' clinic, renders it important that the medical staff should be strengthened.

We were much pleased with our visit.

Canterbury Mental Hospital.

February 20th, 1930.

I have to-day visited this hospital and have seen all the patients who are on the statutory books, there being none at present on trial.

Since the last visit by one of my colleagues the electric time circuit has been re-wired, and I was very glad to hear that the Committee have decided to put a gas range in the kitchen and add a fish fryer to the kitchen equipment.

I found the fabric of the institution well-maintained, but some of the wards still appear to me to be sparsely furnished. I thought that it would be a great improvement if more of the long tables were cut into two small ones, the appearance of the wards which are now furnished with the small tables being, I think, very much better than the others. I was glad to see plenty of books available for the use of the patients. I hope a good stock of writing paper for the use of the patients will be kept by the charge nurses; in one or two wards to-day the stock was very low, and though I was assured that a fresh supply can always be procured, it is not always possible for the nurse to leave the ward for the purpose, and consequently a patient may have to wait. It is so important that patients should keep in touch as much as possible with their friends and relatives that I think the matter is one which ought not to be disregarded. I notice that two wards have loud speakers in them and that wireless is laid on in the recreation hall. Music in the hall is supplied by a gramophone with an electric "pick up" and used in connection with the loud speakers.

I was glad to be told that the tops of all the windows on the ground floor are unblocked.

There are practically no verandahs in the institution, the only one being a narrow one at the male private block: this is a matter which I hope before long will be rectified. I was glad to see that all the night

shirts are marked with the wearer's name, and to be told all underclothing is similarly marked. Letter boxes are placed in all wards and are opened only by the matron and head attendant; the medicine cupboards too are all supplied with inner locked doors for poisons.

I venture to suggest that a motor lawn mower would be a valuable addition to the institution. In former reports attention has been called to the state of the lower part of the gardens, and I remember noticing on a former visit that the state of the turf and grass made them look rather uncared for and derelict. I was told to-day that it is quite impossible to keep the grass mown and rolled with the present staff and the available patient labour, hence my suggestion above.

I found the patients to-day very happy and contented, and many of them, including some of the contract patients, told me how well and kindly treated they were. The only complaints I had were on the subject of detention, and the fact that some of the contract patients were too far away for their friends to visit. I enquired into some of these cases and was told that every care had been taken to choose patients for transfer who for some reason or other were not visited, and I fear that there are reasons other than distance which account for friends not visiting. I gave a private interview to a lady private patient.

I saw dinner served to-day in two of the wards consisting of roast beef and two vegetables. The breakfasts in my opinion continue to be very monotonous, bread and margarine with marmalade twice a week. Dr. Sall assured me that the weights show that the patients thrive on the dietary, but with the kitchen equipped with a Hobart machine surely something might be done in the way of fish paste, potted meat, sausage meat, or brawn to vary the monotony without any great cost.

The changes which have taken place since the last visit have left on the books the names of 240 patients, of whom 15 men and 21 women are in the private class, 7 men being "Service" patients. Thirty-four males are here under contract from East Ham and 40 women from St. Audry's, Suffolk, and five women from other places.

At present the hospital is over its numbers by 2 women, calculating on the day space, and there are vacancies on the night space for 11 men and 9 women.

The weekly maintenance charge for home patients is 26s. 10d. and for private patients 42s. to 84s. The average weekly maintenance cost as last ascertained was 28s. 2 $\frac{3}{4}$ d.

Of the 23 deaths, the causes of which were verified in 19 cases by post-mortem examination, 11 were due to heart disease. No inquests were found to be necessary.

The health of the patients has been good and to-day of those in bed, 38 in all, nearly all were senile cases or in bed for mental reasons.

There has been no epidemic or zymotic disease since the last visit. Two female patients are known to be suffering from tuberculosis. There are, I am glad to say, no serious casualties to record, which speaks well for the care taken of the patients by the nursing staff. The nursing staff consists of 25 men and 26 women, of whom 4 men and 4 women hold charge rank, and 5 men and 6 women are detailed for night duty.

In the course of my inspection I visited the laundry, kitchen, laboratory, mortuary, and the two private blocks, Stone house, and male C.

I was sorry to see that so far it has not been found possible to instal a cinema at this hospital, I much hope that the Committee will keep this matter in mind; meanwhile parties of patients are invited to the cinema entertainments at Chartham, which give much pleasure.

Dr. Sall still has the assistance of Dr. Goitein.

City of Cardiff Mental Hospital.

October 16th, 1930.

During the course of yesterday afternoon and part of this evening, I paid the annual visit to this hospital, and to-day the Chairman of our Board (Mr. L. G. Brock, C.B.) and I have discussed both here and—after a visit to the City's new hospital being erected at Llandough—at a meeting held at the City Hall, certain alternative proposals which the Committee have in mind, in order both to meet the need for additional accommodation and to provide in the best manner possible facilities contemplated by the Mental Treatment Act.

The hospital is in its usual first-rate order, and is so well equipped as to leave little or no room for offering suggestions other than those which relate to matters already in hand or under consideration.

Since the visit by Commissioners last December, besides a new garage, minor improvements at the farm, and some sanitary conveniences for male parole patients, two additional Tungsten lamps for ultra-violet ray treatment and fume extractors for this department have been provided; verandahs have been fitted with sun-blinds; lockers and clothes closets have been provided in a ward on each side of the building; and an electric plate-warmer has been placed in male ward 4a. Extensions of the last named provision to all wards is under consideration. An "All Purposes" mixing machine is in process of being installed in the main kitchen, and slate shelves are being fitted in the sluice rooms of some of the wards.

In a mental hospital the value of an orchestra or band formed of members of the staff is great; and the number of its possible purposes is serviceably apt to increase in proportion to its skill and enthusiasm. For these reasons, in the hospitals where the number of staff makes it possible, the maintenance of such an acquisition is worth considerable effort. Here, however, the size of the institution and the fact that a considerable proportion (some 33 per cent.) of the nursing staff on the male side are women have prevented the maintenance of a band. Accordingly, three gramophone loud speakers have been installed in the recreation hall. The associated entertainments are well attended, no less than 48 per cent. of the patients being usually present. Scarcely 24 per cent. however, are present at the Divine Services.

All the wards, without exception, are very comfortable, and well supplied with objects of interest—among which successful canary breeding permits every ward to possess one or more of these birds. In the wards for convalescing patients, it was pleasant to see tea served at small tables, each with its own pot, and the patients able to help themselves according to taste to sugar, butter and jam. I was also glad to notice on the women's side the considerable number of patients wearing their own dresses. In order to extend this privilege some further provision of clothes closets probably will be found of service. In some of the dormitories it seemed to me that the number of low bedsteads, originally provided for epileptic cases, is unnecessarily great; and on mentioning the point, I was glad to learn, apart from those undoubtedly of advantage in some of the single rooms and those wanted (certainly not more than 50 per cent.) in the dormitories, opportunity is likely to present itself where some of them can be replaced by others of normal height.

That every ward should possess a clinical room is a principle happily well recognised here; but it struck me that in the selection of rooms to be used for this purpose, it probably would be found an advantage, in wards in the dormitories of which patients are nursed by day, to select a room opening out of the dormitory.

Occupational therapy is being considerably developed; and in one of the women's wards the patients of which are unfit for ordinary forms of employment, I saw a class of about 14 under the tuition and encouragement of a trained instructor. That this commendable and very valuable form of treatment will be developed still further I have no doubt.

During the ten months under review 219 patients have been admitted. Of these it seems that only 11 were received direct from their own homes. Without for a moment wishing to suggest that there are not mental cases for whose advantage it is that there should be institutional treatment available other than the mental hospital, it cannot be denied that this wholesale insistence upon a preliminary passage through another institution before reaching mental hospital treatment is contrary to the procedure contemplated by the Lunacy Acts and to the best principles of Medicine; nor rightly would this custom, which has grown up in many populous areas, be tolerated in dealing with other forms of illness. Difficulties which have been urged in its defence will be removed when, after January 1st next, there are available the use of an urgency order in rate-aided cases and the procedure for temporary treatment under the Mental Treatment Act.

It would appear from the returns that in at least 85 per cent. of patients fully discharged, fitness for discharge is tested by a period of absence on trial; and that, in 36 per cent. of those allowed out on trial, a monetary grant was made. The wisdom of this practice scarcely needs emphasising. The number of patients at present on trial is 13: exclusive of these, the numbers yesterday in residence was 766—341 men and 425 women.

Of the total patients whose names are on the books, 55 are private patients, among whom are 12 women and 29 "Service" and 3 "ex-Service" cases. Besides one Surrey and two Glamorgan cases, there are 70 female cases here under contract from Napsbury, and 30 males and 6 female under contract from Swansea.

The weekly charge for maintenance is 28s. 7d. a head; that for private patients varying from 2 to 2½ guineas.

The extensive facilities that exist here for open-air treatment in bed are well known, and much to be commended. By remeasurements consequent upon some changes in the classification of the wards and to reckoning a proportion of the area of the verandahs as bed space, the accommodation now provided is calculated to give a day-space for 328 male and 404 female patients, and night-space for 358 and 432 respectively.

I earnestly hope that jealous care will be taken to prevent this inclusion of a proportion of verandah area in the night-space diminishing the reality of open-air treatment in bed, and that no patient will ever be allowed to sleep on the verandah who is in fact a more suitable case for the dormitory. This comment is made because of what I have observed sometimes to happen elsewhere.

It is very pleasing to note the extent to which it is being found practicable here to allow parole—full or partial—to patients of both sexes, and otherwise to diminish as far as safe the feeling of restriction on liberty. Two male and three female wards are freely open to the grounds during the day time, and both sides, all doors of the ground-floor wards leading to the ward gardens are left unlocked.

Seclusion has been employed only to a very small extent: namely, to six patients, in all for 40 hours.

The only casualties of moment have been one case of fracture of a bone, the result of a simple accident, and one of dislocation of a joint sustained in a struggle with a fellow patient.

The death-rate during 1929 was 8.1 per cent.—the percentages for males and females being respectively 9.1 and 7.3. In the ten months under review, there have been 16 male and 23 female deaths: all from natural causes, and followed in 71 per cent. by post-mortem examination. Among the causes of death, general paralysis accounted for four of the 16 male deaths; and tuberculosis was the cause of one male and two female deaths. Of the latter disease, the number of known cases now resident is three male and two female patients. I am doubtful if its incidence is as small as at first sight seems—for the proportion of deaths from it per 1,000 is 7.3, which is 1.6 above the average of all the mental hospitals. Apart

from it and two sporadic cases of scarlet fever, there has been an entire freedom from infectious diseases.

The teaching and training of the nursing staff receives much attention: 46 per cent. of the male nurses and 30 per cent. of the women are certificated in mental nursing, and others (3 men and 14 women) have passed the preliminary examination of the General Nursing Council. Their duration of service appears to be distinctly satisfactory; thus, according to the figures annually sent to our office, 28 per cent. of the women nurses had over five years' service, and only 21 per cent. of them had less than one year's service.

In bed were 37 male and 43 female patients—10 per cent. of the total in residence. Of these, 15 and 29 were on verandahs, and four of the women were in single rooms. The standard of their nursing is excellent, and inquiries into individual cases, as well as into those of other patients not in bed, showed the close relation which is maintained between work in the laboratory and that at the bedside.

We spent some time this morning in the laboratories, where were explained to us the lines of research at present being followed by Dr. McCowan, Dr. Scholberg and Dr. Quastel, in conjunction with other members of the resident and visiting staffs.

Croydon Mental Hospital.

October 16th, 1930.

The hospital continues to be efficiently administered. The wards are attractive, and evident attention is given to the comfort and welfare of the patients, who were entirely free from any complaint as to their treatment, surroundings or diet and, so far as I could judge, those able to appreciate their position and what is done for them, are contented and in not a few instances expressed their satisfaction with the care bestowed upon them.

The patients are well-clothed, the variety in colour of the women's dresses being especially noticeable, and I was glad to observe that a commencement has been made in the improvement of the female boots and shoes and to learn that those on the male side were also receiving attention.

Consideration has been given to the suggestions made in the last report, and a steam pipe for cleansing the tins in which foul linen is conveyed to the laundry has been provided. A steam clothes press has not been added to the laundry equipment, but the matter has not been lost sight of.

Notwithstanding the fact that 64 patients are boarded out under contract, there would appear to be considerable overcrowding—109 in regard to day space—so that, it is satisfactory to learn that the question of increased accommodation has been taken seriously in hand. Plans in regard to this are under consideration.

The occupation of the inmates is encouraged, and I was glad to observe the interest which is taken in this matter not only in the sewing room and other departments of employment, but to notice the number of women who were engaged in some useful work in the wards.

Consequent upon the changes which have occurred amongst the patients since the last visit in July, 1929, including 78 discharges—31 upon recovery—there are on the books 223 male and 493 female patients, in all 716, of whom 107, including 17 "Service" patients, are classed as private. The out-county patients number 7. There are at present 2 men and 5 women out on trial, leaving in residence 221 men and 488 women whom, with the exception of one who was out for the day, I believe I have seen.

Parole beyond the estate is permitted to 13 patients, and 21 have a more limited parole within the estate. There are two male wards and five

female wards with doors open to the gardens. The weather was exceptionally fine for the time of the year, and I was well pleased to see the large number of patients on both sides who were allowed to take advantage it.

The maintenance rate for home patients is 23s. 11d., and for private patients from 27s. 5d. to £5 5s.

There were 29 female and but 4 male patients confined to bed at the time of my visit, all of whom appeared to be receiving good and attentive nursing care. One of them was being treated for general paralysis by induced malaria.

The deaths since the last visit numbered 53, and in 45 instances post-mortem examinations were held. Inquests were held in two instances, they call for no special mention and were duly reported to my Board.

General paralysis was the cause of death in 7 cases, pneumonia in 10, and heart disease in 17. There has been no form of epidemic or zymotic disease, but one death was due to severe diarrhoea.

There is no instance of tuberculosis on the male side, and but two cases amongst the women.

As tending to show the care which is bestowed on the patients it is noticeable that since the last visit there has been but one serious non-fatal casualty, an accidental fall resulting in a fracture of the left fibula.

The staff consists of:—

	Males.	Females.	Total.
Charge	6	11	17
Ordinary	31	42	73
Night	8	13	21
Certificated or registered	26	8	34

Good routine work as an aid to diagnosis is carried out in the laboratory and advantage is taken of the X-ray apparatus and treatment by violet ray—a record is kept in each department recording all cases which are dealt with.

As yet no visiting specialists have been appointed. Dr. Berncastle has full freedom of action to call in any specialist when he thinks it advisable, but, would it not be in the best interests of the hospital to appoint such persons, especially if by so doing a friendly and helpful course of action could be established between this hospital and Croydon General hospital.

Dr. Berncastle is assisted in his work by Dr. T. P. Rees and Dr. B. W. F. Armitage.

Derby Borough Mental Hospital.

February 25th, 1930.

At the close of my inspection of this institution I am enabled to report that it continues to be well-maintained and efficiently administered by Dr. Bain for the welfare and comfort of the patients resident here.

During the year that has elapsed since my colleague's visit the alterations to and the renovation of the laundry with additional machinery have been completed; the house for the steward and 4 staff cottages have been built, and are in occupation. The laboratory has been completed, and some useful work is being done there. Ward F.6 has been redecorated, and the one below, No. F.5 is now in the hands of the workmen. In the boiler house attached to these two wards an apparatus called a "Tryjex" has been attached to the pipes in order to promote the flow of hot water through the radiators, but at present it is not working satisfactorily owing to the noise occasioned in the pipes and radiators. Additional radiators have been placed in these two wards as well as in Nos. 2 and 4 on the female side. All the other wards will be similarly provided in due course. Although the day was cold, there being snow on the ground, the wards

generally were well warmed, and good fires were burning. However, in Albany House the radiators were not functioning well, and the rooms there were rather cold.

During the past twelve months the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	41	55	96
Transferred to other care - - -	1	5	6
Discharged from Order - - -	11	31	42
of whom had recovered - - -	8	23	31
of whom dealt with under s. 79 -	2	5	7
Allowed out on trial - - -	5	11	16
of whom granted allowances - -	3	2	5
Died - - - - -	26	22	48

There are to-day on the statutory books the names of 201 male and 302 female patients. With the exception of one woman on trial all are in residence.

Private patients number 49—21 men and 28 women, all the men being of the "Service" or "ex-Service" class. Twenty-six of these women are accommodated in Albany House. There are 3 out-county female patients chargeable to 3 different unions.

The average number of patients resident during last year was 199 men and 300 women. The accommodation in the hospital is for 204 men and 292 women both by day and night. There are, therefore but 3 vacancies for male patients, and 10 female patients in excess of the proper numbers.

I understand that the question of an admission hospital and convalescent villas is under the consideration of the Committee.

The weekly maintenance charge for the Borough patients is 23s. 4d. per head, and that for the private patients from 35s. to 63s. The average weekly cost as last ascertained was 23s. 9d.

I found the patients on both sides quiet and orderly in their conduct, and this notwithstanding that on account of the weather they had to be confined to their wards. The appeals for discharge were not unduly numerous.

Twenty-five men and 21 women have parole to go beyond the estate, and 31 men and 26 women that privilege within the grounds. One ward on each side, namely, male No. 4 and the female annexe, are administered on the open-door principle.

The patients were neat and tidy in their dress and personal appearance. I saw the dinner being partaken of in the hall where 101 men and 103 women were assembled. The meal consisted of soup with bread, followed by suet and treacle pudding. It seemed of good quality, and I had no complaints as to the dietary. Good order prevailed in the hall.

The day room, galleries, and dormitories were tidy and well-kept, with a good supply of books and games, and especially on the male side of cage birds. Some of the single rooms are in need of redecoration, as they were not done at the same time as the rest of the ward, for instance in F.2. Generally the beds and bedding were tidy and clean.

The general health of the patients is now good, and of the 15 males and 34 females who were confined to bed during the course of my visit, the majority were there for rest on account of their mental state. Two male patients are at present suffering from scarlet fever, and 4 males and 2 women from tuberculosis in an active form. In February and March of last year there was an outbreak of influenza, when 46 male and 82 female patients, and 4 male and 10 female members of the staff were attacked.

The mortality rate for the year ended December 31st last was 10.55 per cent. for males, and 7.33 per cent. for females, or 8.62 for both sexes together, as compared with the mean rates of all mental hospitals for the same period of 8 per cent.—8.4 for males and 7.7 for females.

All the 48 deaths since the last visit were from natural causes verified in the very creditable number of 45 by post-mortem examinations.

The principal causes of death were congestion of the lungs—9, pneumonia—6, heart disease—6, general paralysis and tuberculosis 5 each. One inquest was held.

The shortage of bed tables observed by my colleague has been made good, and glass-topped hospital trolleys provided.

There has been no use of mechanical restraint, but 22 female patients have been secluded in all for 135 hours.

From the miscellaneous returns furnished to my Board for last year I find that a satisfactory percentage of patients, namely 42, attended the Church of England services in the chapel, and 51 per cent. were usually present at the weekly entertainments. Eighteen per cent. usually walked out beyond the estate, and 28 per cent. were usually exercised beyond the ward gardens, but within the estate. The weekly average numbers usefully employed were about equal to the mean rates of all mental hospitals. I should like to see an occupation class started under a trained person to instruct in such work, as raffia, basket work, rug and mat-making.

The present nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	5	7	12
Ordinary - - - - -	25	30	55
Night - - - - -	3	5	8

I found on duty 22 male and 24 female nurses in the wards. Twenty-two of the men and 12 of the women are certificated or registered as mental nurses, and 6 of the other men and 9 women have passed the preliminary examination.

The plans for the nurses' home as a result of my Board's suggestions have been revised, and the final working drawings are now in course of preparation.

Dr. Bain has the assistance of two medical officers, Dr. Rolf Strom-Olsen and Dr. David N. Parfitt.

City of Exeter Mental Hospital.

January 15th, 1930.

At my visit to this hospital to-day I was impressed by the good order and the absence of excitement and restlessness. Even in the wards reserved for troublesome patients there was little or no disturbance. The day being fine most of the patients were out of doors, and I was struck with the pleasing appearance of the gardens with open view over the country side. The necessary boundary fences are of such a nature that they give little feeling of confinement, indeed most of them would prove no obstacle to an able-bodied person determined to get away. I have no doubt that this open prospect contributes much to the general well-being of the patients. In going round the wards I found the Christmas decorations had not been entirely removed, and in them and the recreation room it was evident that a great deal of trouble and thought had been given to produce original effects. The paper flowers were beautifully designed and each department had its own colour scheme.

I believe I saw all the 339 patients resident in the hospital, and I endeavoured to give all of them an opportunity of speaking with me. There were no complaints of any consequence. Two men made statements which were obviously based on delusions. One woman requested that she might be transferred to another institution, admitting that she was not fit to be discharged. Whilst generally speaking such a request is not unreasonable, I do not think it likely that in this particular case there is much prospect of any benefit from such a change.

Since the last visit of one of my colleagues, 44 patients have been admitted, 5 transferred elsewhere, 26 have been discharged, and of whom 18 had recovered. During this period 26 patients have been allowed out on trial and 15 have died. There are now in residence 169 men and 170 women, and 4 patients are absent on trial. Included in these numbers are 75 private patients, 11 "Service" and 4 "ex-Service" patients.

The weekly charge for maintenance is for home patients 25s. and for private patients 30s. to 50s. per week.

The general health of the patients is remarkably good, and there were very few in bed. No cases of zymotic disease are reported, there has been no dysentery, and only three patients are reported as suffering from tuberculosis.

There have been no fatal casualties, and three patients only have suffered from injuries involving fracture of bones, and these call for no special comment. The 15 deaths were all from natural causes.

Since the last visit the central heating plant has been installed throughout the building. The radiators are steam heated and protected by wire netting. This scheme is found to be very successful, and the wards were all pleasantly warm. In the kitchen a refrigerating plant has been fitted and is quite a success. A good deal of painting and redecoration has been done, and at the present time the walls of a dormitory are being plastered, and it is intended that other dormitories shall be dealt with in the same way as soon as practicable.

The general furnishing of the wards is good and the pictures attractive, and there are plenty of newspapers, books and objects of interest.

Whilst I saw a number of patients well employed, I think the more systematic introduction of new occupations would be of value as a means of treatment. I discussed with Dr. McKinlay Reid the possibility of sending away for a time certain nurses for instruction in occupation therapy. It may also be possible to set apart plots of land for cultivation by patients, who would be free to sell or dispose of as they pleased the produce of their allotments.

Mechanical restraint has not been used in treatment, and only 4 men and 3 women have been secluded for a total duration of 73 hours.

I am glad to find that sedatives have been very sparingly used.

I gave a private interview to one gentleman who appealed to be allowed absence on trial, but do not consider he is sufficiently well at present.

There has been correspondence with the Board of Control respecting a lady now on leave of absence who after long residence might possibly be discharged altogether were it possible to find suitable accommodation for her. As she can hardly be said to be completely recovered, I hope the Visiting Committee will be willing to continue the leave of absence.

There has been no change in the medical staff and superior officers.

In conclusion, I may say that on this my first visit to this hospital, I am favourably impressed with the general arrangements and am satisfied that the patients are very well cared for. The relations between the patients and staff appeared to be friendly and cordial.

Gateshead Mental Hospital.

May 22nd, 1930.

As a result of my visit to this institution I am pleased to observe the spirit of progress which Dr. Brown is showing in bringing the hospital up to the requirements of modern standards. Since the visit of my colleague eleven months ago several matters of reorganisation and improvements have been completed, and among them may be mentioned the nurses' home, which is now in occupation. Some, however, of the contractor's work has proved already to be faulty, and is in course of being replaced. The operating theatre has been finished. It is now proposed to fit up the adjoining compartment, which is the female nurses' cycle room, as an

admission room, which can also be used as an anæsthetizing room. The room now used as a laboratory has not proved to be large enough for the purpose, and it is contemplated to convert the visiting room and cycle room on the male side for that purpose. By the evacuation of nurses' rooms in the wards there is now a good clinical room to each ward on both sides of the hospital.

Walks for patients within the estate are being constructed owing to the danger from motor traffic making it unsafe to allow walking parties on the roads. The ward gardens are being laid out with flower beds, shrubs and trees, and the relaying of the paths in these is contemplated. Some of the wards have been redecorated, and further work in this respect is contemplated, for instance in the kitchen and laundry. In the scullery attached to the main kitchen an exhaust fan is to be installed in the roof. A Hobart mixer is also to be purchased.

The following numerical changes have taken place since the visit of my colleague eleven months ago:—

	Males.	Females.	Total.
Admitted - - - - -	36	47	83
Transferred to other care - -	1	—	1
Discharged from Order - - -	13	14	27
of whom had recovered - -	9	11	20
of whom dealt with under s. 79 -	4	1	5
Allowed out on trial - - -	3	1	4
Died - - - - -	16	12	28

There are now on the statutory books the names of 397 patients in the proportion of 180 men and 217 women. All are in residence with the exception of one man out on trial. Private patients number 19 "Service" men, and two women. There are 7 men and 39 women chargeable to out-county authorities, all with the exception of one man received under contracts made with the Borough of East Ham.

The weekly maintenance charge has been reduced from 28s. to 23s. 11d. for the home patients; that for those of the private class is from 42s. to 52s. 6d., and for those received under the contracts 32s. 1d. The average weekly cost as last ascertained was 23s. 7½d., as compared with 24s. 11¼d. last year.

The total accommodation as now returned to me is for 194 men, and 206 women by day, and for 218 men and 233 women by night. Some additional accommodation has become available by the removal of nurses to the nurses' home, and the calculation of some of the verandah beds.

There is at present vacant bed accommodation for 38 male and 16 female patients. Dr. Brown is proposing to house some 10 female patients in the isolation hospital of a class that could work in the nurses' home, which is conveniently near. Ward 5 on female side is to be reopened very shortly. I found the patients of both sexes very orderly in their conduct, and generally very contented with their surroundings.

I received no complaints as to their treatment, and the appeals for discharge were not numerous. The dress and personal appearance of the patients were satisfactory.

Parole beyond the estate is given to 10 men and 3 women, and to 13 other men within the grounds. Two wards on either side are open to the gardens. The dayrooms and galleries were bright and well-kept, and generally they were well supplied with books and papers, but it struck me that on the male side bagatelle or billiard tables are wanted. The only billiard table is in the disused dayroom of male No. 5 ward.

The lavatory annexes were clean and properly kept. It would be better if pedal releases were affixed to the flushing apparatus in the closets. The general health of the hospital is good, there having been one case of infectious disorder, namely influenza, last March, since the last visit. I found 23 men and 54 women confined to bed during the course of my visit,

the majority of them being there for mental reasons, or account of senility.

One man and two women are returned as now suffering from tuberculosis. The nursing of the sick appeared to be efficient, and good use is being made of the verandahs in the day time. In order that they may also be used at night, it is proposed to erect some form of shutter, particulars of which should be sent to my Board.

The mortality rate for the year 1929 was 7·69 per cent., 9·71 for men and 5·94 for women, as compared with the mean rate for all mental hospitals of 8 per cent., 8·4 for men and 7·7 for women. All the 28 deaths since the last visit were from natural causes, verified in 17 instances by post-mortem examination. The principal causes of death were general paralysis and heart disease, 7 each; tuberculosis and organic brain disease 4 each, and epilepsy and pneumonia 2 each. No inquest was held.

Only one serious casualty involving the fracture of a bone took place. A female patient fractured her humerus after trying to get out of a window, having twisted her arm round the bed rail.

No mechanical restraint has been used, and only one of each sex have been secluded for the total duration of 25½ hours.

I saw the dinner meal being partaken of in two wards on each side. It consisted of soup, followed by suet and treacle pudding. It was properly served and appeared to be appreciated by the patients. The patients now have a meat tea at 6 o'clock, at which sausage, potted or preserved meat, fish paste, with salads are served. Additional ground is being taken into the gardens to grow more vegetables.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	5	5	10
Ordinary - - - - -	23	25	48
Night - - - - -	7	7	14
Certificated or registered - -	22	4	26
Passed preliminary examination only - - - - -	5	7	12

I found on duty 16 male and 18 women nurses.

Dr. Brown only has the assistance of one medical officer, Dr. V. H. Barker. I do not consider this is sufficient, if proper use is to be made of the laboratory, and modern means of treatment.

City of Hull Mental Hospital.

December 3rd, 1930.

I have to-day completed the annual visit of inspection of this hospital on behalf of my Board, and am pleased to be able to say that I have found it well maintained, in good order, and administered in the best interests of the patients. Since the last visit of one of my colleagues in March of last year, a considerable number of improvements and additions have been effected. These include the installation of electric power and light to the hospital, the re-equipment of the kitchen in very complete fashion, the enlargement of the bakehouse, and supply of new ovens, the making of a new butcher's shop, and alteration of the dairy with the supply of refrigerating plant to both, and much painting and redecoration. The erection of a cinema chamber in connection with the recreation hall is in progress, as also the draining and laying out of the ground at East villa, whilst the erection of a new boiler and engine house, and a new mortuary and viewing room, are in contemplation. Of still greater importance is the fact that plans are proceeding for the erection of the new admission hospital. I understand that also the erection of a nurses' home is contemplated. If I may venture to do so, I should like to say that the

enlightened policy pursued by this Committee as evidenced by these improvements, cannot but be of the greatest benefit to the patients served by this hospital. I trust that the erection of the nurses' home will be carried out in time to house the additional nursing staff required by the admission hospital as well as to relieve the main hospital, in which reside the nursing staff, with the exception, I understand, of the married male staff.

The present nursing staff is not in excess of requirements, and although the figures given to me show overcrowding on the male side by only six and vacancies of 15 on the female side, so far as night accommodation is concerned, I would point out that when accommodation and number of patients so nearly balance in a hospital of this size, local overcrowding i.e., in certain wards, is bound to occur, and that I found to-day in both hospital and observation wards. Doubtless the Committee will bear this in mind in connection with the provision of further villas, more especially in view of the coming into operation of the new Mental Treatment Act on January 1st of next year and the desirability of accommodation detached from the main building for patients at an earlier stage of their illness than those heretofore received into public mental hospitals.

Turning to the changes among the patients since the last visit of my colleague, the return furnished to me shows that during that period 134 males and 166 females have been admitted, 4 males and 5 females have been transferred to other care, 70 males and 70 females have been discharged, of whom 46 males and 51 females had recovered, and 58 males and 55 females have died. These changes leave on the books the names of 374 males and 435 females, or 809 in all. The total number on the books to-day include 35 "Service" patients, 2 "ex-Service" patients, and 5 male and 9 female private patients. Only 2 male and 2 female patients are out-county patients. One male patient is now out on trial and one is boarded-out under s. 57, and there were thus in residence to-day 372 males and 435 female patients, or 807 in all.

During the course of my visit I saw, to the best of my belief, all of the patients in residence and gave each an opportunity of speaking to me. I found them generally contented and comfortable, and there were no complaints except on the ground of continued detention and requests for discharge for which none who spoke to me are at present fit.

I found the wards clean, orderly, comfortably warm, and well supplied with books, newspapers and material for indoor games. The dormitories were also clean, orderly and comfortable.

I saw and tasted a good dinner consisting of meat and potato pie with green vegetables, being well served and enjoyed.

I found those under treatment in bed in receipt of all proper care and attention, and I am satisfied, efficiently and kindly nursed. The general health appears to have been good since last visit, and with the exception of a single case of enteric fever on the male side of unexplained origin, no epidemic disease of any breed has occurred.

The death-rate for the year ended December 31st last was 10·87 per cent. for the males and 6·40 for the females, or 8·55 per cent. for the combined sexes. Since my colleague's visit 58 male and 55 female patients have died, all from natural causes, verified in 76 cases by post-mortem examination. The principle causes of death were as follows: general paralysis in 12, epilepsy in 7, organic brain disease in 14, and exhaustion from mania or melancholia in 8, heart disease in 14, pneumonia in 15 and senile decay in 8, whilst 13 died from tuberculosis. With the small remainder death was due to one or other of a large number of physical diseases. One inquest was held, the verdict being "death from heart failure." Four serious but not fatal casualties have occurred, three being due to accidental falls and one to a kick from a fellow patient.

There has been no employment of mechanical means of restraint.

No less than 27 male patients enjoy parole beyond the estate, and 5 males and 26 females within but not beyond the estate.

The nursing staff under the matron and the chief attendant consists of 20 male and 8 female nurses of charge rank, 38 male and 43 female of ordinary nurse's rank, and 6 male and 10 female nurses by night.

Fifty-two of the male nurses and 12 of the female nurses are certificated and registered as mental nurses, and 7 male and 13 female nurses have passed the preliminary examination.

During the whole of my visit, which gave me much pleasure and satisfaction, I was accompanied by Dr. Anderson, the medical superintendent, with whom I discussed the hope of finding before very long that an Out-patient department for early mental diseases will have been established in connection with the hospital or with the co-operation of the hospital staff at some convenient centre in the City of Hull.

Dr. Anderson has the assistance of Dr. MacInnes and Dr. Dorothy Main, who explained to me the nature of cases with which they were respectively concerned, by the bedside.

Ipswich Mental Hospital.

January 20th, 1930.

After inspecting the hospital to-day I can report that the patients are very contented, and well cared for, and that the buildings are in good order throughout, the necessary redecoration of the wards being carried out as the necessity arises.

Since the last visit female 3 ward, part of the male infirmary and various other dormitories and staircases have been redecorated; an additional range of lavatory basins has been placed in the bath-room of male 3; and a modern foul washing machine has been added to the laundry. The cinema, the plans of which have been passed by my Board, is nearing completion, and without doubt will add greatly to the patients' amusements.

Works under contemplation include the erection of a nurses' home; additional dormitory space, and solarium to the female infirmary; and the conversion of the needleroom into quarters for the assistant medical officer.

In addition to the above all the points which were mentioned by my colleague at the last visit have received attention from the Committee, and it is evident that they and Dr. Ogilvie are anxious to do everything possible to effect improvement where improvement is necessary.

Though so much is being done I must once again give expression to the hope that an admission hospital with a medical treatment centre containing rooms for special forms of treatment will be erected at no distant date, as it cannot be said that the hospital is thoroughly well equipped until such a building exists. Dr. Ogilvie pointed out a possible site for the building, and at the same time showed a piece of land which should make a good recreation ground for the patients, a much-needed addition.

At present there is no canteen for the use of patients and staff, but I was glad to hear that it is proposed to open one shortly.

The changes amongst the patients since last May leave on the books the names of 336, 152 males and 184 females, and I believe I have seen all of them, except one woman, who was away on trial.

The private patients number 51, 28 men and 23 women, 14 of the former being "Service" or "ex-Service" patients, and 56 patients are chargeable to out-county unions, 54, 21 men and 33 women, being chargeable to Bury St. Edmund's.

Overcrowding still continues, the female side being overcrowded by 38 patients by day, and 13 by night, and the male side by 11 by night, though on this side there are 4 day vacancies.

The maintenance charges are 24s. 6d. for home and from 30s. to 42s. per week for private patients, the last ascertained cost being slightly over 22s. 7d. per week.

I saw a good dinner of curried meat and vegetables, followed by a boiled pudding and a cup of coffee, being well served to a large number of patients in the dining hall. This dinner seemed to be a very popular one, and from the lists given me I have no doubt that the diet generally is ample and well thought out.

The health of the hospital has been good and there has been no case of epidemic disease of any kind. Only 2 patients, both males, are known to be suffering from tuberculosis.

The sick patients are well looked after, but I thought the infirmary wards would be improved if glass-topped hospital trolleys for dressings, etc., were added to their equipment.

The patients' clothing was good, and there was little untidiness amongst them, but I should like to see indoor slippers provided for all. Perhaps the Committee will consider this suggestion.

With one exception, all the deaths were due to natural causes, but the cause was verified by post-mortem examination in only 25 per cent. of the cases. In the excepted case the death was complicated by an injury to the left arm. This was caused before admission, and an inquiry into the circumstances was held by the coroner.

The staff consists of 21 male and 23 female nurses for day, and of 4 of each sex for night duty. Thirteen men and seven women are certificated or registered as mental nurses, and 5 of the former and 12 of the latter have passed the preliminary examination.

Dr. Ogilvie has as his assistant Dr. Maccallum. I was pleased with my visit and thought the hospital was well conducted, and that the patients were a happy community.

City of Leicester Mental Hospital.

October 23rd, 1930.

In visiting this hospital one cannot but be impressed with the attention and care which is given to the patients, the well-ordered condition of the wards and the pleasant relations which exist between the patients and the nursing staff.

Dr. Dixon continues to administer the hospital with every regard for the happiness and in the best interests of those under his care.

The patients appeared to be very contented with their surroundings and diet—but few in fact made an appeal for discharge. This is in no small measure due, I think, to the large amount of freedom which is granted to all in any way fit to be trusted—a practice which has for long prevailed at this hospital.

The ward where the troublesome female patients are placed might, I think, be improved and made more attractive, and on this I have spoken to Dr. Dixon, and no doubt the matter will receive attention.

The heating of the wards referred to in the last report as not being quite sufficient has been improved, and I found the wards yesterday all of comfortable temperature.

Plans have been approved for the erection of a nurses' home to accommodate 74 nurses, and the work will shortly be taken in hand. This will doubtless prove most useful, and will greatly add to the amenities of the hospital.

This hospital is, however, much hampered in the classification and treatment of patients by the lack of an admission hospital. It is not possible to separate the newly-admitted patients from the others in accordance with modern views, under existing conditions, although Dr. Dixon does all that can be done under the circumstances. I hope, therefore, that at no distant date this question will receive serious consideration.

I was pleased to note that the work and occupation are so fully considered as part of the treatment and to hear that a professional basket maker has been engaged with a view to establish another industry—what

is really needed however is an occupation officer, whose duty it would be to find out every patient who could be induced to do some kind of work—however simple—and thus increase the occupation throughout the hospital. I know Dr. Dixon is well alive to the advantages of occupations in the general treatment of the patients.

Since December 21st, 1929, the admissions have numbered 156, and as a result of the other changes, including 65 discharges, of whom 54 had recovered, there are on the statutory books 389 males and 608 females, of whom 66, including 36 "Service," are classed as private. The out-county patients number 107, of whom 98 are here under contract from London, and 4 from West Ham Borough. There are 3 women on trial, leaving in residence a total of 994—males 389 and females 605. On the figures supplied there is an excess of 45 women over the prescribed allotment of day space.

The maintenance rate for home patients is 19s. 10d., and for private patients from 20s. 5d. to 63s.

The patients I saw in bed were evidently in receipt of all possible care, and were being kindly and well nursed.

The death-rate for the year ended December 31st last was 6.66—males 7.59, females 6.05. General paralysis was the cause of death in 8 cases, pneumonia in a like number, and heart disease in 6. There have been no deaths from dysentery, but there have been 13 cases of dysentery during the period under review, and a female patient is at present suffering from this disease. Endeavour is being made to trace a "carrier," and I may here say that very active work is being pursued in the laboratory by Dr. Davidson, the pathologist, and Dr. Pearce, the newly-appointed and additional medical officer, who is the assistant pathologist. There are 6 patients, 2 male and 4 female, suffering from tuberculosis.

In two of the deaths inquests were held, one in the case of a patient on trial who died from inhaling coal gas—the other case was that of a parole patient who drowned himself in the river Soar. Both cases were duly reported at the time to my Board.

There have been 14 non-fatal casualties which call for no comment.

Since the last visit a new dough mixer has been supplied in the bakery and a Berkel slicer in the kitchen.

The sanitary annexes in the wards are gradually being modernized.

The nursing staff consists of:—

		Males.	Females.	Total.
Charge	- - - - -	8	11	19
Ordinary	- - - - -	33	45	78
Night	- - - - -	7	7	14
Certificated or registered	- -	22	20	42

It will be gathered from the above that I was well pleased with my visit.

City of London Mental Hospital.

February 21st, 1930.

Since this hospital was last visited by a member of our Board a large amount of work has been done by way of decoration, repair, addition, and improvement both inside and out. Time does not allow me to give the list in detail, but I should like to mention one or two points. More loud speakers have been provided in the hospital and in the staff rooms, and it is proposed gradually to place loud speakers in every ward and to place headphones in the hospital wards. All the fire escape stairs have now been fitted with electric lights and rewired so that the lights in each case are controlled by separate fuses with two-way switching. At Hill House a range of 4 lavatory basins with hot water, towel rail and lavatory accommodation have been added and very many other improvements have been

made in the hospital, which, though not perhaps striking, add much to the comfort of the patients and staff and to the efficiency of the hospital.

My visit to-day has been a very pleasant one and I am satisfied that the great majority of the patients are not only happy and contented but are appreciative of what the Committee and their medical superintendent and staff have been able to do and are doing for them. The patients throughout the hospital were orderly and well behaved, and with the exception of one lady who was inclined to be noisy I heard no voice unduly raised and saw no signs of disturbance of any sort. I gave every one an opportunity of ventilating their grievances or troubles, and I am pleased to say that except on the subject of detention I had no complaints whatever.

The dormitories were clean and well kept and looked extremely nice with coloured eiderdowns on many of the beds. The day rooms were warm, very well furnished with a capital lot of easy chairs and looked most comfortable. The nice rugs and carpets add much to the appearance of the wards. A great deal of trouble is taken here about the dresses and underclothing of the patients, and certainly the appearance of the patients amply justifies the extra care.

I was very interested in seeing the two wireless apparatus (which have been designed and made on the premises by the chief engineer and his staff), one for the recreation hall, to which is attached a gramophone and electric pick-up, and the other for working the loud speakers in the various wards and staff rooms. I saw a good dinner being served of fried fish and potatoes and sauce and milk pudding.

There appeared to be very little sickness of a serious nature and most of the bed cases were cases of senility and those in bed for mental reasons. All the sick seemed to be in receipt of excellent attention, and those parts of the hospital set aside for recent admissions were quiet and peaceful. There is good verandah accommodation here of which good use is being made.

The changes which have taken place since one of my colleagues visited in May last have left on the books the names of 257 men and 340 ladies, a total of 597. There are 38 men and 28 ladies here on a voluntary footing, and every new voluntary boarder who arrives here is seen within a month of arrival by the Committee. It appeared to me to-day that the voluntary boarders, including those recently admitted, were with one exception, quite properly on that footing. With regard to the one exception, a lady, I was informed that steps are being taken to certify her. At the time of my visit 9 patients were out on trial, and one was away without leave. Of the 597 patients on the books 365 are in the private class, including "Service" patients. Out-county patients number 58.

The hospital is overcrowded to the extent of 112 on the day space, and on the male side to the extent of 24 on the night space, there being 8 vacancies by night on the female side. The day rooms on the male side struck me at once as being overcrowded. The matter, however, is under careful consideration by those concerned.

The weekly maintenance charge is 26s. 10d. per head for home patients and 28s. to 84s. for private patients.

A large measure of parole is granted at this hospital, a privilege which I feel sure is to a large extent responsible for the general contentment prevailing here.

Of the 41 deaths during the time under review 12 each were due to heart trouble and senile decay, 8 to pneumonia, and 4 to general paralysis.

There has been one inquest on a patient who while on parole climbed a fence and was killed by a train. Full particulars were forwarded to our Board at the time.

There have been 3 cases of enteric and 2 of paratyphoid—all women patients. Happily there were no deaths, and the steps immediately taken prevented further spread of the disease. There are no cases of these two

diseases now in the hospital, nor have been or are there now any cases of dysentery. There are 2 cases of tuberculosis now under treatment.

The fact that there have only been 3 casualties, all due to accidental falls, speaks well for the care taken by the nursing staff.

The nursing staff is as follows:—

	Males.	Females.	Total.
Charge - - - - -	6	8	14
Ordinary - - - - -	28	42	70
Night - - - - -	4	8	12

Twenty-four men and 19 women are certificated or registered as mental nurses, and 11 and 12 respectively have passed the preliminary examinations. Dr. Robinson has to assist him Dr. N. Navarra and Dr. J. A. Small.

The Committee and Dr. Robinson are much to be congratulated on the state and efficiency of the hospital, and on the contented state of the patients.

Middlesbrough Mental Hospital.

December 4th, 1930.

Having to-day made the annual inspection of the hospital on behalf of my Board, I am pleased to be able to say that I have found it throughout maintained in excellent order and ably administered in the best interests of the patients therein.

Since the last visit of one of my colleagues on June 20th of last year the following numerical changes have occurred among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	67	63	130
Transferred - - - - -	2	4	6
Discharged - - - - -	22	31	53
of whom recovered - - - - -	12	29	41
Died - - - - -	33	30	63

The changes leave on the books the names of 262 males and 216 females, or 478 in all, of whom 37 of the males and 37 of the females are out-county patients. Of the total number 40 male and 10 female patients are classed as private patients, including 34 "Service" and 3 "ex-Service" male patients. Three male and 2 female patients are now out on trial, and there were therefore 259 males and 214 females in residence to-day, or 473 in all.

The figures given to me show a total accommodation in the hospital for 264 males and 264 females by day, and for 216 males and 222 females by night. There is then only vacant accommodation by day for 2 males and overcrowding by night to the extent of 46 male patients. I trust that the Committee, bearing in mind its difficulty of proper classification that overcrowding imposes, and the increased strain it throws on the nursing staff as well as on the patients, will take an early opportunity of formulating plans for the relief of the present position.

I have found throughout the wards and dormitories extremely clean, tidy and comfortable and the airing courts nicely kept, but I could not but be struck by the fact that new admissions and epileptics are warded together, and I cannot but come to the conclusion that some arrangement should be devised for more separate treatment for new admissions. This opinion is naturally reinforced by consideration of the coming into force of the new Mental Treatment Act on January 1st, which will, or should, have the effect of presenting patients for admission into the hospital at an earlier and more hopeful stage of their illness than heretofore. I am aware that the Committee have this matter under consideration, and

sincerely hope that the results of their deliberations will be such as to serve the best interests of its area from which the patients are drawn, including those within the new categories falling within the Mental Treatment Act.

The general health of the patients has been good since last visit, and the hospital has been entirely free from any epidemic disease. There are at present 5 male patients and 3 female patients under treatment for active tuberculosis, mainly in the verandahs of the hospital.

The mortality rate for the year ended December 31st last was 5·2 per cent. for the males and 7·37 for the females, and the satisfactorily low rate of 6·2 per cent. for the two sexes combined.

Since my colleague's last visit 33 male and 30 females have died; and with 2 exceptions from natural causes. In the 2 excepted cases, death was accelerated by fracture of skull, in both sustained prior to admission. These, and three other deaths were the subject of coroner's inquests, and in these three last mentioned death was found to have been due to natural causes.

Of the total deaths the principal causes were as follows: general paralysis in 5, epilepsy in 3, heart disease in 8, pneumonia in 3, tuberculosis in 16, senile decay in 5, kidney disease also in 5, and arterio-sclerosis in 4, whilst in the remainder death was due to a variety of bodily diseases not calling for particular remark. Only one casualty involving fracture of bone and not terminating fatally has occurred, and this was a minor injury caused by a blow from a fellow patient.

I have been very satisfied as the result of my inspection of the wards for the sick under treatment in bed, that the patients are in receipt of skilled medical treatment and are kindly and efficiently nursed. I found the patients comfortably and generally contented and on good terms with the nursing staff. I received no complaints of any kind except from some on the ground of their continued detention, which I satisfied myself was still necessary.

I saw a good dinner of boiled bacon, potatoes and cabbage being served, which I found on tasting to be well cooked and palatable.

There has been no employment of mechanical means of restraint since last visit, and only one patient has been secluded.

I visited the recreation hall, which has been most pleasingly redecorated since last visit, as have also two wards, and in addition the planing and stopping of floors has been carried out since my colleague was here. The heating system in the chapel has been reconditioned and a new gas cooker fitted in the kitchen, whilst all of the roads on the estate have been tar-maced and improved.

Dr. Drake-Brockman kindly accompanied me throughout my visit, and I expressed to him my hope that the large airing court on the male side might be supplemented by the use of another, and thus avoid which seemed to me an undue mingling of diverse types of case with varying standards of conduct.

The staff of nurses under the matron and head male nurse consists of:—

						Males.	Females.	Total.
Charge	-	-	-	-	-	8	7	15
Ordinary	-	-	-	-	-	28	24	52
Night	-	-	-	-	-	5	4	9

Of the total nursing staff, 20 male nurses and 11 female nurses are certificated or registered as mental nurses, and 7 male nurses and 5 female nurses have passed their preliminary examination.

The weekly maintenance charge per head is 23s. 11d. for home patients and 28s. to 52s. 6d. for private patients, and the average weekly maintenance cost as last ascertained was 23s. 7½d.

In conclusion I would express the hope that ere long an Out-patient department will be established, either in connexion with the mental hospital, or with the co-operation of the hospital's medical staff, at some convenient centre in Middlesbrough.

Dr. Drake-Brockman continues to have the assistance of Dr. J. P. Steel.

City of Newcastle-upon-Tyne Mental Hospital.

June 20th, 1930.

Having to-day completed the annual inspection of this hospital on behalf of my Board, I am able to say that it is maintained in excellent order, and is ably administered in the best interests of the patients therein. I found the wards and dormitories clean, very orderly, well-ventilated and cheerful, and was especially pleased with the pleasing aspect of the gardens, which are evidently carefully tended. No important alterations have been carried out since my colleague's last visit. A new boiler has been supplied to the laundry and an extension of the female bathroom, which will raise the number of baths there to 8, is contemplated.

Since June 18th last year, when a member of my Board paid his visit here, 75 male and 102 female patients have been admitted; 6 male and 7 female patients have been transferred to other care; and 21 male and 40 female patients have been discharged of whom 16 of the males and 31 of the females had recovered. In addition 33 male and a like number of female patients have died. These changes leave on the statutory books the names of 549 males and 448 females, or 997 in all; of whom 60 males, including 56 "Service" and one "ex-Service" patient, and 15 female patients, are on a private footing. Of the total patients 24 males and 39 females are out-county patients. Two male and 5 female patients are at present out on trial, and there were thus in residence at my visit 547 male and 443 female patients, or 990 in all. During the course of my tour of the wards, airing courts, and various departments, I have, to the best of my belief, seen all the patients in residence and gave everyone an opportunity of speaking to me, of which not a few, mostly on the male side, took advantage. I found the patients generally quiet, well-behaved, and, so far as I could judge, contented. I am pleased to be able to say that I did not receive a single complaint, except on the ground of their continuous detention, from any of the patients, and I satisfied myself that all of those who complained of this were quite unfit as yet for discharge from certificates. I found the patients nicely dressed and well shod, and saw and tasted the mid-day meal, which consisted of hot meat pie with boiled peas and potatoes, followed by sago pudding. I understand the breakfast to-day included fish cakes and that meat paste accompanied their tea.

I gave particular attention to the patients under treatment in bed to the number of 90 on the male and 51 on the female side, and found that they were comfortable and in receipt of careful and kindly nursing and medical treatment on approved modern lines. The excellent relations which subsist generally between patients and staff were pleasingly manifest, and no doubt this accounted in large measure for the quietude and lack of complaint even in the wards which contained patients of the less favourable kind. I was glad too to find the patients well supplied with books and newspapers.

The mortality rate for the year ended December 31st last was 5.42 per cent. among the males and 9.68 per cent. among the females, calculated on the average numbers daily resident, or 7.33 per cent. for the combined sexes. Since last visit 66 patients have died, all from natural causes, of which the principal were as follows: general paralysis in 11, epilepsy in 4, and organic brain disease in 5, heart disease in 14, kidney disease in 2, arterio-sclerosis in 7 and senile decay in 6. There were also 7 deaths from tuberculosis, one from dysentery and one from enteric fever, whilst in the

small remainder death ensued upon a variety of diseases not calling for particular mention. No inquest has been held during the period under review, and the casualties sustained by 13 patients have all been due to accidental causes. There has been no employment of mechanical restraint, and only two female patients have been secluded for one half-hour.

The general health since the last visit appears to have been good and epidemic disease has been absent but for 3 cases of enteric fever and 1 of dysentery. With regard to the occurrence of enteric fever, prompt search resulted—so far as two of the cases are concerned, both on the female side—in the detection of a “carrier” and the placing of the patient under the usual safe-guards, but the origin of the disease in the single male case remains obscure.

There are at present 2 male and 4 female patients under treatment for tuberculosis, and it is satisfactory to note that both in respect of the proportion of new cases of tuberculosis per population and the proportion of deaths from tuberculosis per population, this hospital is well below the men figures of all mental hospitals.

Parole is given to 22 male and 2 female patients beyond the estate, and to 43 males and 34 females within but not beyond the estate, whilst one male villa and the “farm ward” for females are both administered on the “open-door” principle.

The weekly maintenance charge for “home” patients is 22s. 2d., and for private patients 29s. 2d., the average weekly cost as last ascertained being 21s. 4½d.

The present nursing staff consists of 11 male and 10 female nurses of charge rank, 60 male and 57 female ordinary nurses, 13 male and 10 female nurses for night duty, 59 male and 9 female nurses are certificated or registered as mental nurses, and 13 male and 33 female nurses have passed the preliminary examination.

It has been a pleasure to visit this well-managed hospital, but one could not but note the absence of an X-ray department and an ultra-violet ray plant. Also, though I have little doubt such an arrangement would be a simple matter, the hospital has no visiting specialists or consultants in, for example, diseases of ear, nose and throat, eye diseases, and in general medicine. Again I venture to suggest that the formation of an Out-patient department in association with one of the Newcastle hospitals; or possibly, in the hospital itself, would prove a considerable benefit, and perhaps the present time, when the health services of the great City of Newcastle are being re-grouped or reformed, affords the most opportune moment for the consideration of these matters.

Dr. MacPhail, who kindly accompanied me throughout my visit, continues to have the assistance of Dr. Gray, Dr. Muckle, and Dr. Muirhead.

Newport (Mon.) Borough Mental Hospital.

June 6th, 1930.

I have to-day completed the annual inspection of this hospital on behalf of our Board, and am pleased to say that I have found things in a very satisfactory condition.

Since the hospital was last visited by a member of our Board, 116 patients have been admitted, 6 have been transferred to other care, 62 have been discharged (51 upon recovery) and 34 have died.

There are now upon the statutory books the names of 202 male and 218 female patients, a total of 420. There are 20 private patients other than the “Service” patients (14) and the “ex-Service” patients (2). Out-county patients number 100, of whom 71 are contract cases from Swansea and 27 from West Ham. The hospital is designed to accommodate 186 patients of each sex, and it will be seen from the figures given above that

there is considerable overcrowding on both sides of the hospital, this however will probably be rectified when the new hospital at Swansea is able to take its own patients.

The weekly maintenance charge per head for home patients is 25s. 1d. and for private patients 35s. to £2 12s. 6d., the average weekly maintenance cost as last ascertained being £1 4s. 11d.

I found the patients to-day, for the most part, happy and contented, and apart from a few applications for discharge from patients unfitted for it at present, I had no complaints of any substance. The patients were well and tidily clothed, and I saw nearly all the women out in the well-kept gardens.

The dining hall, where I saw the patients at dinner, looked very nice. It is now furnished with small tables to seat 8 patients, and every table was decorated with flowers, an attention which I am sure is appreciated, and hanging baskets of flowers are suspended from the roof.

The sick wards have now been supplied with a very nice pattern of bed-tables, which are proving very satisfactory.

Much work has been done in the hospital, and Dr. Mackay spoke to me of several schemes which he has in mind, and will in time put before his Committee. Amongst other things completed are a new house telephone system, the introduction of the town electric supply, improvements in the gardens and new kerbs in the gardens and drive, 2 new staff cottages, and great improvement by the introduction of a wooden dado on the somewhat cold and bare walls of the Church, where it is also proposed to put a new central heating system. Dr. Mackay has also instituted a library, which is under the charge of the chaplain.

Of the patients in bed to-day none were suffering from any very serious or unusual trouble, with one exception. This was a woman who had drunk some lysol, but happily the prompt measures taken seem to have saved her life, and to-day she was considerably better. I made some enquiries into the circumstances of this case, and there seems to be no dispute about the facts, and the matter will be considered by the Committee at their meeting to-day. All the sick seemed to be in receipt of careful and skilled medical and nursing care and attention. Since the last visit there has been one case of enteric fever, which cleared up satisfactorily and did not spread. There are no cases of dysentery in the hospital. Three men and one woman are suffering from tuberculosis. It is interesting and satisfactory to note that no margarine and no tinned-milk is used in this hospital. There has been one serious accident to a male patient who accidentally fell in the ward garden and fractured the left tibia.

There have been no inquests. Of the 34 deaths, 8 were due to general paralysis, 7 to epilepsy, 7 to heart disease, and 3 each to tuberculosis, pneumonia, senile decay and exhaustion. The treatment of general paralysis by induced malaria has been introduced here, and two male patients are showing very marked improvement as a result.

The nursing staff is as follows:—

	Males.	Females.	Total.
Charge - - - - -	6	6	12
Ordinary - - - - -	21	25	46
Night - - - - -	4	4	8

Seventeen men and four women are certificated or registered as mental nurses and 9 men and 6 women have passed the preliminary examination.

Dr. Mackay has the assistance of Dr. Rosenfield who, however, was away to-day on leave, his place being temporarily taken by another gentleman. I was much pleased with, and enjoyed, my visit.

City of Norwich Mental Hospital.

January 27th, 1930.

As a result of my inspection of this institution to-day I am glad to report that it continues to be well-maintained and administered for the well-being of the patients residing here.

Since my colleague's visit nearly a year ago the following numerical changes have taken place amongst the patients:—

	Males.	Females.	Total.
Admitted - - - - -	34	49	83
Transferred to other care - -	2	—	2
Discharged from Order - - -	26	23	49
of whom had recovered - -	15	15	29
of whom dealt with under s. 79 -	1	3	4
Allowed out on trial - - -	13	5	18
of whom granted allowances -	4	—	4
Died - - - - -	11	16	27

There are to-day on the statutory books the names of 531 patients in the proportion of 218 males to 313 females; of these 32 men and 4 women are classified as private patients, 31 of the former sex being "Service" patients. Out-county patients number 25 and 29 women chargeable under reception contract to King's Lynn, and 10 men and 5 women under contract to Great Yarmouth. Two men and one woman are now out on trial, and I am glad to see that to some patients whilst on trial money allowances were given.

The numbers in residence to-day are 216 men and 312 women. Last year the average numbers were 211 and 306 respectively.

The day accommodation as returned to me is for 219 patients on the male side, and for 267 on the female side; and the night for 219 males and 272 females. The female side is therefore considerably overcrowded, and I am glad to hear that a start is being made to provide extra accommodation. Tenders for the erection of two villas, each for 50 females, plans of which have been approved by the Minister of Health, are being invited by advertisement.

I understand that last week a conference was held between the authorities of the City of Norwich and those of the borough of Great Yarmouth regarding accommodation being provided here for all the Great Yarmouth patients, from 160 to 180 in number. If these negotiations fructify it will necessitate more accommodation being provided than has already been proposed in the future extensions.

The weekly maintenance charge is, for the City patients, 26s. 3d., and that for those of the private class 35s. and 42s. The average weekly cost as last ascertained was 26s. 10d.

No mechanical restraint has been employed. Seclusion has been resorted to in the case of 7 men and 37 women for a total of 23½ and 550 hours respectively.

I found the patients of both sexes quiet and well-behaved, and free from any complaints other than on the score of detention, and the appeals for discharge were not unduly numerous. Their dress and personal appearance were satisfactory. Parole beyond the estate is granted to 14 men and one woman, and within the grounds to 32 other men. One ward on the female side is open to the ward garden.

An outbreak of influenza occurred in February and March last year when 42 male and 74 female patients, and 7 male and 4 female members of the staff were attacked. Only one death from influenza occurred.

In September last there was one case of dysentery on the male side, and within the last fortnight there have been 7 cases in female Ward No. 6. It is thought that the outbreak arose from a "carrier." The seven cases now under treatment are segregated as far as possible in 3 side rooms, and

at one end of the sick dormitory; and it is hoped that no further cases will occur. In this connection it has not hitherto been the practice here to issue caution cards for intestinal infection cases or tuberculous cases as prescribed by the statutory rules, No. 15.

One male and 3 female patients are now suffering from tuberculosis in an active form. During my tour of the wards I saw 20 men and 44 women confined to bed, many of them for mental reasons; they appeared to be receiving proper medical and nursing care and attention.

The mortality rate for the year 1929 was the very low one of 5.41 per cent., 5.21 for male and 5.5 for the female patients.

All the 27 deaths during the period under review, with one exception, were from natural causes, verified in all but 4 instances by post-mortem examination. The excepted case was one of suicide of a male patient by hanging himself in a water closet. It was the subject of the only coroner's inquest held, and the circumstances were fully reported to my Board at the time, namely in February last, and call for no further comment here.

The principal causes of death were pneumonia and bronchitis (5 each), tuberculosis (4), organic brain disease (3), and general paralysis and senile decay (2 each).

There was only one casualty, involving the fracture of the left wrist of a female patient through falling from a chair.

The dayrooms were clean and tidily kept, and presented a comfortable and homelike appearance. I observed that the new form of notice regarding the rights of patients as to visits and correspondence had not been substituted for the old notices.

Since my colleague's visit the kitchen yard has been roofed over, and converted into part of the stores, the sewing room has been reroofed and 35 lavatory basins have been converted and fitted up with hot and cold water.

The glass dayroom of F. Ward IV is being reroofed, and work has commenced at the mortuary to provide a viewing room as suggested by my colleague.

I saw a good dinner, consisting of potato hash with bread, followed by currant dough to the workers, being partaken of in the hall, where 148 male and 150 female patients were assembled. Good order prevailed at the meal.

The nursing staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	4	6	10
Ordinary - - - - -	28	35	63
Certificated or registered - -	15	14	29
Passed preliminary examination only - - - - -	7	10	17
Night - - - - -	4	5	9

Dr. Rice has the assistance of two medical officers, Dr. Charlton Hall, and Dr. J. J. Martin, both I am glad to say on a permanent footing. Among the works in contemplation is the provision of a house for an assistant medical officer, a very necessary one.

City of Nottingham Mental Hospital.

September 1st, 1930.

I have to-day made the annual inspection of this hospital, and as the result can report very favourably as to its general condition, and as to the way the patients are cared for.

Among the improvements that have been made may be mentioned the alterations to the female kitchen and scullery, the extensions to the female messroom, which now has a hot plate and lockers for the nurses, the

alterations to the sanitary annexes in female wards 7 and 2, and the provision of a hard tennis court at the nurses' home.

Plans for the extension of the hospital, which include those for admission hospitals, are now before my Board, and it is to be hoped that nothing will be allowed to delay the building work, as it is an urgent matter that something be done to remedy the overcrowding to which attention has been drawn in other reports. The male side is now full by night and overcrowded by 36 patients by day, and the female side shows a deficiency in accommodation, as shown by the figures given me, for 94 patients by day and 100 by night.

The few matters to which attention was drawn in the last report, including the issue of milk with the breakfast porridge, the improvement in furnishing day rooms, the issue of latrine paper and the increase in the supply of picture books, have all received attention; and it is the obvious desire of the Committee to do all they can to make their patients happy and comfortable.

On going round the building I noticed that the ventilation of the chapel dormitory needs improvement, and I hope it will receive attention. I was not satisfied also with the safety in case of fire of the top floor of female 7 ward, and especially of the small dormitory where 4 patients are sleeping. I shall be glad if plans can be sent to London for the consideration of my Board's architect. In the laundry the guarding of one hydro-extractor and of some of the belting needs improvement.

The patients' quarters were extremely well kept, and their day rooms, which are well supplied with books and flowers, presented a very pleasing appearance. Bird cages made in the hospital have been provided in all wards, and the foreign birds they contain are of much interest to the patients.

The patients were well-clothed, and I was glad to hear that shoes are gradually replacing the somewhat heavy type of boot now in use on the female side.

The patients themselves appeared generally to be contented; they were, except in one female ward, very quiet and orderly in behaviour, and the large numbers being usefully employed in needlework, etc., in the wards was worthy of note.

There appeared to be a shortage of hand towels in some of the wards, but I have no doubt this will soon be remedied.

The health of the patients appeared to be good, though the death-rate for 1929, 8.49 per cent. for both sexes, was not particularly low, and the incidence of tuberculosis for the same year was somewhat higher than the average of all mental hospitals.

There has been only one case of dysentery, a man, and apart from this a few cases of erysipelas and one of German measles, the hospital has been free from epidemic disease. In two cases of death, concerning which inquests were held, the deaths followed accidental injuries, but neither case calls for special mention. The remaining 84 deaths were all due to natural causes, the chief of which were general paralysis in 15 cases, 14 men and one woman, heart disease in 9, tuberculosis in 11, and pneumonia in 7.

All sick and infirm patients are nursed in the infirmary wards on each side, either in the dormitories or on the verandahs. These wards are well equipped, and I was satisfied that the patients are receiving careful nursing attention.

The laboratory, in which a technical assistant is now employed, has been properly equipped, and much useful work, including bio-chemical investigations, as well as the routine tests as an aid to diagnosis and treatment, is carried out by the medical staff.

Visiting specialists attend regularly to give advice and help to the resident staff, and the patients' mouths receive regular attention from a visiting dentist.

The need for the establishment of an out-patients' department, with beds attached, for the treatment of early cases of mental disorder, has not been lost sight of, and it is to be hoped that an early meeting with the managing Board of the City General Hospital will be arranged to discuss the matter thoroughly.

The changes amongst the patients since the last visit, 245 admissions, 141 discharges, and 86 deaths, leave on the books the names of 962 patients, 424 men and 538 women, but of these 2 men and 7 women were absent on trial, and one woman was out, so that the numbers I actually saw were 422 men and 530 women.

The private patients number 52 men and 16 women, 43 of the former being either "Service" or "ex-Service" patients. Sixty-two women are now boarded out under contract.

Parole beyond the estate boundaries is allowed to 14 men and one woman, and 60 men and 2 women are allowed considerable freedom within the grounds. One male ward, the villa, is open to the grounds, and 5 other male and 6 female wards are open to the ward gardens.

The maintenance charges are 21s. 7d. for home, and 28s. for private patients, the actual cost as last ascertained being slightly over 23s. 2d.

The nursing staff consists of 62 male and 66 female nurses for day, and 7 male and 11 female nurses for night duty.

A very high proportion of both sexes, 47 men and 37 women, are certificated or registered as mental nurses, and 9 men and 22 women in addition have passed the preliminary examination for the certificate.

Plymouth Mental Hospital.

August 11th, 1930.

Since this hospital was last visited by a member of our Board, the Committee have lost, by resignation, the services of Dr. William Starkey. After serving for many years at Prestwich Mental Hospital, Dr. Starkey was appointed medical superintendent of this hospital on November 6th, 1916, and served for 13½ years, to March 31st of this year. During the period of his superintendentship the hospital was administered with much ability and his kindness to and sympathy with his patients was much appreciated by our Board. It is a satisfaction to us to know that his expert knowledge and services are still available, in another place, in the cause of those suffering from mental trouble. I take this opportunity, on behalf of the Board, of offering his successor our congratulations on his appointment and wishing him God speed in his new work.

During the period under review 142 patients have been admitted, 28 have been transferred to other care, 50 have been discharged (46 upon recovery) and 58 have died. A hundred and nine patients have been allowed out on trial to test their fitness for discharge, money allowances being granted in 7 cases. This latter figure seems a somewhat small one, and I earnestly hope that that most useful section of the Act of 1890, which permits money allowances to be paid in suitable cases, will be made full use of.

There are now on the statutory books the names of 526 patients, but at the time of my visit 2 men and 3 women were out on trial, leaving in residence 222 men and 299 women, or a total of 521.

There are 82 private patients, of whom 30 are women, 33 are "Service" and 4 are "ex-Service" patients.

The hospital is considerably overcrowded and a considerable number of patients, 75 men and 83 women, are boarded out under contract.

The weekly maintenance charge for home patients is 23s. 4d., and for private patients from 30s. to 42s., the average weekly maintenance cost as last ascertained being 24s. 8d.

There has been no mechanical restraint. Eighteen men and six women enjoy parole beyond the estate, and 9 men within the estate.

The nursing staff at present is as follows:—

	Males.	Females.	Total.
Charge - - - - -	6	7	13
Ordinary - - - - -	27	33	60
Night - - - - -	7	7	14

Twenty men and 15 women are certificated or registered as mental nurses, and 7 and 11 respectively have passed the preliminary examination.

Some very important works are taking place and are contemplated, and these are evidence of the desire of the Committee to bring their hospital thoroughly up-to-date and in accord with modern requirements. The new nurses' home it is hoped will be completed this year, and a new admission hospital properly fitted with the requirements for modern treatment of mental disease, a new infirmary for both sexes, and convalescent homes and other important works are included in the programme for the future. Meanwhile smaller improvements are taking place, a new calender has been erected in the laundry, electric irons have been installed there, the steamers have been removed from the main kitchen to a room adjoining, and some of the steps in the corridors have been removed so as to facilitate the passage of the food trolleys. A new drying yard has been made close to the laundry, and a new bowling green for the patients has been made and football, tennis and cricket grounds are in course of construction. Some important and very necessary improvements are also being made in the sanitary spur of A ward.

In the laundry I thought that the fitting of a steam pipe for the proper cleansing of the tins in which the foul clothing is carried would be a desirable and inexpensive improvement.

In the kitchen there appeared to me to be two almost essential pieces of equipment lacking, namely, an electric mixing machine and a fish fryer. Both these fitments have given great satisfaction elsewhere, and both enable a large variation in the dietary to be made. I tasted the stew that was being made for the dinner to-day and found it excellent, and I was pleased to see a large supply of lettuce being washed for the use of patients.

A considerable amount of redecoration is required, as the damp has ruined the appearance of the walls in many places—this I was told was mostly due to the fact that the stone of which the building was originally constructed has proved to be porous.

I found the wards and dormitories clean and well kept and well provided with papers and books. The patients appeared to be happy and contented, and from only one man did I receive any complaint other than on the ground of detention. This man was in a very excited state and complained of the food, which as stated above, I had found very good. Great trouble is now being taken to employ as many men as possible at outside work, and I was particularly pleased to hear of the appointment of a lady as social worker in the hospital, of great experience, who is already doing good work not only as Secretary of the Voluntary Association for Mental Welfare, but also in connection with the outside clinic. Dr. Poynder has also in mind the starting of Arts and Crafts classes, and I would venture to suggest, too, classes for physical drill and dancing, that have proved so successful elsewhere.

Trouble, too, is being taken to introduce flowers into the ward gardens and seed beds and stock beds are being started in various odd pieces of ground. Allotments, too, are also contemplated, and should prove most successful. All the proposals for the outdoor and indoor employment of the patients are I am sure excellent.

A clinical room has been started and fitted up on the male side, and Dr. Poynder hopes to be able to find one on the female side, but the

difficulty of finding space for these and other improvements in an already overcrowded building is great.

Of the deaths, 16 of which were due to general paralysis, there is nothing special to record. This form of disease is now being treated here with sulphosin, with, it is believed, very satisfactory results. There has been no epidemic or zymotic disease since the last visit: 5 female patients are now being treated for tuberculosis. The sick appeared to be receiving proper medical and nursing care and kindly attention.

Though it is over a year since this hospital was last visited no serious casualty has taken place. This speaks very well for the care taken of the patients by the nursing staff.

Dr. Poynder discussed with me many ideas that he has in view for the benefit, comfort, and good of his patients. At present he has a great deal on hand, but our Board will, with great interest, watch developments here.

City of Portsmouth Mental Hospital.

July 2nd, 1930.

Since the last visit of one of my colleagues eighteen months ago the following numerical changes have occurred among the patients in this hospital:—

	Males.	Females.	Total.
Admitted - - - - -	182	173	355
Transferred to other care - -	47	6	53
of whom have been discharged -	37	50	87
of whom recovered - - -	31	38	69
Died - - - - -	70	82	152

These changes leave on the statutory books the names of 422 male and 633 female patients, or 1,055 in all, of whom 117 male and 120 female patients are of the private class, including 71 male "Service" patients and one "ex-Service" patient.

Of the rate-aided patients now on the books, 5 males and 8 females are out-county patients. At my visit to-day 2 of the male and 10 of the female patients were out on trial, leaving 420 male patients, of whom 1 is a child under treatment in the female division, and 623 female patients in residence, or 1,043 in all.

The total accommodation in the hospital, calculated according to the space allowance prescribed by my Board, is for 386 males and 548 females by day, and for 340 males and 505 females by night. Over-crowding exists, therefore, to the number of 36 males and 85 females by day, and 82 males and 128 females by night, or a total number of 121 patients by day and 210 by night in excess of the prescribed space. At the time of my colleague's visit last March over-crowding was present to the total number of 148, and has increased since then by 62 to the present excess of 210. Serious overcrowding like this has so many ill-effects—raising administrative difficulties, preventing proper classification, and impeding proper treatment—that without doubt every effort will be made to expedite the erection of the admission hospital, the nurses' home and medical superintendent's residence now in plan.

Accompanied by Dr. F. E. Stokes, deputy medical superintendent, Dr. Beaton being absent on holiday, I to-day visited the various departments of the hospital, the wards and villas, kitchen and laundry, and to the best of my belief saw all of the patients in residence and gave each an opportunity of speaking to me or voicing any complaints, of which not a few took advantage. I am pleased to be able to say that I found the buildings well maintained; the wards generally in good order, nicely

decorated, comfortable and airy and the dormitories and corridors, apart from the fact that the effects of the overcrowding were manifest, in admirable order. In one or two of the wards in the main building I thought the supply of towels, both hand and roller, could be increased with advantage. I was especially pleased with the new villas with their delightful gardens and prospects and surroundings. A good dinner consisting of beef-steak pudding with potatoes and cabbage was served during my visit, and was ample in amount, well-cooked, and palatable.

I found the patients generally quiet and contented, though in one or two cases, and especially I noticed where overcrowding was marked, I received rather more complaints of continued detention, or requests for transfer, than I generally receive. I gave special attention to these cases, as also to the newly-admitted, but in none found cause for any special action. I should, however, record the fact that I received no complaints from any patient of rough-handling or ill-treatment by any of the nursing staff, and this fact, taken in conjunction with the overcrowding of many of the wards, a condition which, inevitably makes the work of the nursing staff more difficult, affords pleasing evidence of the tact and kindness of the staff.

There has been no employment of mechanical means of restraint since last visit, nor has there been any case of seclusion.

The general health appears to have been good during the period under review; there has been no occurrence of epidemic disease, and at present there are only four patients (3 males and 1 female) under treatment for tuberculosis. I found the patients under treatment in bed in receipt of every care and attention, though I thought the number and proportion of these so treated rather high—103 or 24·5 per cent. of the males, and 81 or 13 per cent. of the females—even bearing in mind the large number of recent admissions, in which cases a period of bed treatment and observation is essential.

The mortality rate for the year ended December 31st last was 12·9 per cent. for the male, and 10·37 per cent. for the female patients, or 11·39 per cent. for the combined sexes. I note that the highest death rate at this hospital during the preceding ten years was 8·44 per cent. in the year 1921, and the lowest 6·01 per cent. in the year 1926. In the year 1928 the death-rate was 7·83 per cent.

Since last visited by a member of my Board 70 male and 82 female patients have died, all with one exception from natural causes. In the excepted case, the circumstances of whose death were the subject of a coroner's inquest, death was due to emotional shock in circumstances which were fully communicated to my Board at the time. Of the remaining 151 deaths the principal causes of death were as follows:—

General paralysis in 23, epilepsy in 4, organic brain disease in 2, and other brain and nerve diseases in 4, pneumonia in 48, bronchitis in 1, and tuberculosis, including phthisis, in 11, heart disease in 11, kidney disease in 14, senile decay or arterio-sclerosis in 10, influenza in 8, and in the small remainder to a variety of bodily diseases not calling for particular notice. There has been no death from either dysentery or enteric fever. Only six major non-fatal casualties have occurred, 4 due to accidental falls, 1 to a blow from another patient, and the other a self-inflicted wound by a male patient whilst at dinner.

A pleasing feature of the hospital is the amount of freedom afforded to suitable patients, and the figures supplied to me show that 14 male and 3 female patients are allowed parole beyond, and 40 male and 76 female patients within the estate, whilst one villa and one ward on the male side and 2 villas on the female side are administered on the open-door privilege and open to the grounds.

The weekly maintenance cost for "home" patients is £1 3s. 11d., and for private patients from £1 5s. to £5 5s. The average weekly maintenance cost as last ascertained was £1 3s. 4d.

The permanent staff consists of:—

	Males.	Females.	Total.
Charge - - - - -	9	14	23
Ordinary - - - - -	63	86	149
Night duty - - - - -	9	14	23

Fifty-three of the male and 39 of the female nurses are certificated or registered as mental nurses, and also 7 male and 20 female nurses have passed the preliminary examination.

I should add that I gave private interviews to three patients whose names I have entered in the patients' book.

Dr. Beaton continues to have the assistance of his deputy, Dr. Stokes, and Dr. A. F. Grimby, Dr. R. Waterfield and Dr. A. H. H. Vizard.

Sunderland Mental Hospital.

December 5th, 1930.

I have to-day paid the annual visit to this hospital on behalf of my Board, and am able to report that I have found it in very good order throughout, and the patients in receipt of all proper care and attention.

Since the last visit of one of my colleagues a number of improvements have been effected, including the fire escape staircases to male 6 and female 6 wards, the provision of refrigerator plant in the meat shop, the installation of a double decker drawplate oven in the kitchen, which has also received an addition of a "Peerless" mixer and an "Imperial" vegetable parer, while the installation of six new calorifiers for hot water to each block is at present in progress. Practically all of the suggestions made by my colleague at his last visit have been carried out.

The numerical changes that have taken place during that period among the patients have been as follows:—

	Males.	Females.	Total.
Admitted - - - - -	53	79	132
Transferred - - - - -	—	3	3
Discharged - - - - -	28	39	67
of whom had recovered - - - - -	26	33	59
Died - - - - -	19	12	31

These changes leave on the books the names of 259 male and 258 female patients, or 517 in all, of these 31 of the male and 11 of the female are private patients, including in these 29 "Service" and 2 "ex-Service" male patients. There are no out-county patients.

There are at present 9 males and 16 females out on trial, and there are thus 250 males and 242 female patients resident in the hospital. The total accommodation of the mental hospital is for 219 males and 177 females by day, and for 220 males and 180 females by night. The hospital is therefore overcrowded by day by 96 patients and by 92 by night. I am pleased to learn that the Committee are in process of formulating proposals for the considerable extension of the hospital. Apart from the evidence and result of overcrowding I have been very satisfied with all I have seen; the wards generally were in excellent order; nicely decorated, and agreeably furnished and supplied with plants, etc., although I should like to see a more liberal supply of papers, periodicals and books to those wards which accommodate the less favourable patients and in which wards literature has necessarily a shorter life than in the others. The dormitories are clean, tidy, and well ventilated, and I was especially pleased with the state of the wards for the actually sick and infirm. I gave

particular attention to those undergoing treatment in bed, and am satisfied that they are in receipt of careful and kindly expert treatment, and are efficiently nursed and tactfully handled. In the course of my tour of the wards I have to the best of my belief seen and spoken to each of the patients in residence, and have given each an opportunity of speaking to me and voicing any complaint. I found the patients very free from complaint of any kind, though one or two naturally expressed their desire for discharge, for which none who spoke to me on this point is at present fitted.

I saw a good meal of baked fish and potatoes, followed by jam pastry and/or rice pudding being much enjoyed, and I found the meal well-cooked and palatable on tasting it myself.

There has been no employment of mechanical means of restraint since last visit.

The general health has been good during the period under review, but in addition to one or two cases of influenza and three cases of erysipelas there have been 5 cases of "clinical" dysentery, three of which occurred in the same ward on the female side and two in a male ward. I have suggested to the medical superintendent that this occurrence of dysentery might with advantage be the subject of a special investigation, perhaps with the co-operation of the pathologist who is consulted, I understand, in cases of obscurity or of difficulty, in the hope of detecting a possible so far unrecognised "carrier" (or "carriers") of this disease, and so preventing any further spread. There are at present 11 patients under special treatment for tuberculosis in the open-air verandahs. Nine male and 6 female patients are permitted parole beyond, and 67 male patients within, but not beyond the estate grounds. Male ward 4 and the villa for male patients are open to the grounds and female 4 ward is open to the garden.

The mortality rate for the year ended December 31st last was 7.6 per cent., both for male and female patients, calculated on the average number daily resident. All of the 31 deaths which have occurred since my colleague's visit were due to natural causes, namely:—

In 6 to general paralysis, in 5 to organic brain disease, and in 1 to epilepsy; in 6 to arterio-sclerosis (including senile decay); in 5 to heart disease, in 2 to kidney disease, and in the remainder, including only 1 from tuberculosis, to a variety of bodily diseases not calling for special mention.

No inquest has been held, and all of the four casualties involving fractures or dislocation were of a comparatively minor character and accidentally sustained.

The nursing staff under the matron and chief attendant consists of:—

						Males.	Females.	Total.
Charge	-	-	-	-	-	8	11	19
Ordinary	-	-	-	-	-	36	21	57
Night duty	-	-	.	-	-	7	7	14

I was pleased to hear that the Out-patient department continues to do good work at the Sunderland Royal Infirmary, under the direction of Dr. Archdale.

Dr. Archdale continues to have the assistance of Dr. Back.

West Ham Mental Hospital.

June 6th, 1930.

At my visit to-day I was fortunate in having very fine weather, and I saw a large number of patients out of doors in the attractive gardens. I was much impressed with the care taken to make the gardens used by

the patients bright with flowers, including those used by the more excited patients.

I believe I saw all the patients in residence, and I had semi-private interviews with many of them. It was noteworthy that in not a single instance did a patient complain of his or her treatment. In many cases patients complained of their detention, and in all of these I satisfied myself they were unfit for discharge, and on enquiry I found that every individual case had been carefully investigated and considered by the medical officers. The relation between the patients and the staff generally appeared to me to be cordial.

The wards were in excellent order, and very well kept. Every ward is supplied with newspapers and magazines. Most had flowers, and the dormitories looked remarkably well with the embroidered night-dress cases. I saw some good raffia work being done in one ward, and in the store excellent out-door coats and dresses. Small details such as tooth-brushes are carefully attended to, but the supply of hand towels seemed to me deficient. It is evident that the wards are well-administered.

Since the date of the last visit, 50 male and 76 female patients have been admitted, 126 in all; 7 were transferred to other care, 53 discharged of whom 42 had recovered, and 44 patients have died, leaving on the books 1,097 patients. There are absent on trial six patients, leaving a total of 1,091 patients, 505 men and 586 women in residence to-day. The 44 deaths that occurred since the last visit call for no comment, except that in no case was a bed sore reported, which speaks well for the care given by the nursing staff. There have been no inquests, and no case of epidemic disease. There, is fortunately, little tuberculosis, 10 cases only being reported, and there is no dysentery. In four cases there were serious but not fatal casualties, all were purely accidental. One patient when out with an attendant, and whilst crossing the road, was knocked down by a motor cyclist and received a scalp wound.

Since the last report there has been no mechanical restraint employed, 17 patients have been secluded for a total of 1,057 hours. Twenty-six male patients are allowed full parole beyond the grounds, and 24 male and 26 female have parole within the estate. During the same period 47 patients have been allowed absence on trial.

The nursing staff consists of 100 male and 105 female nurses, and as many as 70 male and 36 female nurses are either registered or certificated, in addition to these 10 men and 31 women probationers have passed the preliminary examination.

Since the last visit there has been a good deal of redecoration, showing excellent taste, and additions have been made to the laundry, including modern machinery. A new pump and pump house has been erected, and an air compressor provided. A hard tennis court and bowling green have been provided for the staff. There is in contemplation extensive additions to the hospital accommodation on the villa principle to include new admission wards.

There is, unfortunately, reasons for urging in the matter of accommodation as the hospital is overcrowded, there being at least 150 more patients in residence than should be sanctioned, and in addition to these, very shortly 24 more patients now boarded out will be returned. I am aware that this subject is receiving the anxious consideration of the Committee. Seeing that the general health of the patients is good, and during the summer months with open windows and opportunity for open-air life the danger of overcrowding will be reduced, I trust, nevertheless, the Committee will before the winter comes be able to deal with this matter. I would suggest that one or two villas, designed in harmony with the new scheme of new accommodation, be erected as early as possible without waiting for the details of the whole plan to be worked out. Whilst boarding-out patients is often undesirable, it may be possible to select a number of patients who might be transferred temporarily else-

where without suffering hardship, by removal from their relatives. It is much to be hoped that no further encroachment on the day space of the hospital will be permitted in order to provide beds.

It is satisfactory to note that all the medical officers of the hospital hold a diploma in psychological medicine, and two of them in addition a diploma in public health.

I was much pleased with my visit to the hospital.

City of York Mental Hospital.

April 12th, 1930.

I have to-day paid the annual visit on behalf of my Board to this hospital, and am pleased to report that it continues to be ably administered by Dr. Hooper, and to afford excellent accommodation for the patients resident therein.

Since my colleague's visit at the end of February last year, the following numerical changes have taken place among the patients:—

	Males.	Females.	Total.
Admitted - - - - -	26	33	59
Transferred to other care - -	4	9	13
Discharged from Order - - -	9	16	25
of whom had recovered - -	9	13	22
of whom dealt with under s. 79 -	—	2	2
Allowed out on trial - - -	5	12	17
of whom granted allowances -	4	1	5
Died - - - - -	4	11	15

These changes leave on the books the names of 364 patients, in the proportion of 161 men to 203 women. With the exception of one woman absent on trial, all are in residence, and to the best of my belief been seen by me during the course of my visit.

The average number of patients in residence last year was 364, 157 on the male, and 207 on the female side. The total accommodation is returned as for 155 males and 210 females by day, and for 165 males and 228 females by night. The hospital is therefore practically full, and there are only 4 male and 25 female vacant beds.

Out-county patients number 95—39 men and 56 women. There are two reception contracts in force, one with West Hartlepool, under which 37 men and 46 women are resident, and one with South Shields with 5 women resident.

There are 20 males and 14 females classified as private patients, 16 of the men being of the "Service" or "ex-Service" class, and there is one male criminal patient.

The weekly maintenance charge has been lately reduced from 23s. 11d. to 23s. 4d. for the City patients, that for those of the private class is from 27s. to 42s. The average weekly maintenance cost as last ascertained was 23s. 6 $\frac{3}{4}$ d.

I found the patients in both divisions contented, free from complaints, and orderly in their conduct. As usual I received appeals for discharge, but from no one who appeared fit for it. The dress and personal tidiness of the patients were satisfactory.

Parole beyond the estate is granted to 10 men and 6 women, and 18 men and 30 women have that privilege within the grounds. Two wards on either side are administered upon the open-door principle, one of the female wards being only open to the ward garden. The ward gardens are very well and tidily kept; some retarring of the paths in these gardens has been carried out since the last visit. I should like to suggest the laying out of some flower beds in these gardens.

The fabric of the building is very well maintained, and the wards and

dormitories are in capital condition; some re-decoration has recently taken place, and some is now in progress.

The day rooms and galleries were very tidy and comfortable. I should like to see more books, illustrated magazines and papers in some of the female wards. There appeared to be a good supply of them on the male side.

A refrigerator has been installed for the meat and milk, and a motor in the laundry has been replaced. Another improvement, since the last visit, is the installation of an electric motor at the Naburn Lodge farm to replace horse power.

I saw a good dinner of soup and bread and butter pudding in preparation in the kitchen, and afterwards being partaken of in some wards. The dietary appears to be good and well varied.

The general health of the hospital has been good, the only instances of infective diseases being one of scarlet fever in a female nurse, and one of erysipelas in a female patient. I found 11 men and 15 women confined to bed to-day. Two men and 4 women are now suffering from tuberculosis. Full use is being made of the verandahs on either side by day and night.

The mortality rate for the year ended December 31st last was the very low one of 3.57 per cent., 3.82 for the males, and 3.38 per cent. for the females. With the exception of the year 1925, when the rate was only 3 per cent., last year's was the lowest recorded.

All the 15 deaths since the last visit were from natural causes, verified in 12 instances by post-mortem examination. No inquest was held. The three principal causes of death were senile decay 5, tuberculosis and heart disease 3 each.

Two serious but not fatal casualties have occurred, one on each side—in the man's case he suffered a fracture of the right clavicle through being struck by another patient, and the woman sustained a Colles' fracture of the right arm through an accidental fall.

There has been no employment of mechanical restraint. Seclusion has been resorted to in the cases of 7 patients of each sex for short periods amounting in all to 41½ hours.

The nursing staff is composed of:—

	Males.	Females.	Total.
Charge - - - - -	6	7	13
Ordinary - - - - -	18	21	39
Night - - - - -	4	5	9
Certificated or registered - -	14	18	32
Passed preliminary examination only - - - - -	5	6	11

During my tour of the wards I found on duty 16 male and 18 female nurses.

Dr. Hooper still has the assistance of Dr. E. Doherty.

APPENDIX D.

ENTRIES BY COMMISSIONERS AT REGISTERED HOSPITALS, &C.

Barnwood House, Gloucester.

November 28th, 1930.

During my visit to this hospital to-day I have seen all the patients and boarders in residence. Although the weather was unfavourable and nearly all the patients were confined to the house, there was no disorder, and no one made any complaints, not even on account of detention. The premises generally continue to be in excellent condition, and a high degree of comfort is provided for patients of all classes, and there is no lack of occupations and objects of interest, books and magazines.

It is interesting to learn that the appointment of a whole-time occupation officer on the women's side is proving a distinct success, and that as has so frequently been found elsewhere, patients who hitherto have been utterly idle are under the new incentive taking up work of various kinds. In the summer time this new addition to the staff will give special attention to gardening, and already a series of garden plots are being prepared for the use of the lady patients.

There are to-day in residence 52 men and 83 women under certificates, and in addition to these 6 men and 15 women are voluntary patients, making a total of 156. I saw all the new cases, and they are rightly under care, and the voluntary patients understand their position.

It is noteworthy that although all the patients were orderly and free from excitement, sedatives are sparingly given, and since the last visit and for a long time previously seclusion or mechanical restraint have not been used.

I am informed that 90 patients attend Divine Service on Sundays, 113 the associated entertainments, 120 are usefully employed in one way or another. Twelve patients have full parole beyond the grounds, 12 others parole within the grounds, and 60 patients go out for drives on an average about once a week.

It is evident that great care is taken to give skilled special treatment for all newly-admitted patients suffering from bodily disorders, and there is a strong visiting staff of consultants. In addition to the pathologist who undertakes examinations, an arrangement has been made with the authorities of the neighbouring County mental hospital for the pathologist there to carry out additional investigations.

During my visit I saw all the patients in bed, and was satisfied that they are skilfully nursed and have every possible medical care. The nursing staff consists of 33 male and 43 female nurses, and of these 25 men and 16 women are certificated or registered mental nurses. There is also a resident masseuse, who also conducts a class in Swedish drill.

No patient has died since the last visit, and there has been no epidemic or zymotic disease.

The payments for patients are substantially the same as recorded at the last visit.

One gentleman whilst hurrying to get out of the rain slipped and fell, sustaining a fracture of the humerus; there have been no other casualties.

Amongst the improvements that have been made recently are a new matron's workroom and linen store room. Alterations have been made in the basement to provide a new milk and butter larder with a sterilising room for milk utensils.

The house, Avenue Cottage, recently purchased, has been put in good repair, with new drainage, h.w. service, and electric lighting. It is to-day being furnished for the use of a lady patient who will be going there shortly on leave. It is an attractive house, and special means have been taken to render it safe in case of fire.

I had private interviews with two patients, and no advice is called for in either case.

The Committee, Dr. Townsend and the staff, are to be congratulated on the excellent condition of the hospital, and on the continuous efforts made to increase its efficiency.

Bethel Hospital, Norwich.

September 18th, 1930.

Since my colleague visited in January last 5 ladies and 3 gentlemen have been admitted, 4 ladies and 3 gentlemen have been discharged, of whom 2 ladies had recovered; and 2 ladies have died from natural causes. These changes amongst the patients leave on the books the names of 48 ladies and 14 gentlemen, all of whom were in residence, and with the exception of one lady who was out, were seen by me to-day. There are also in the hospital 21 ladies and 11 gentlemen on the footing of voluntary boarders. One of these, a lady, does not appear to realise her position and cannot remain as such, but the others appear to be fit cases for voluntary treatment. I paid particular attention to the recently certified patients, and satisfied myself that they are properly detained. One of the ladies showed considerable mental improvement.

I found those in residence to be carefully looked after in comfortable quarters, and I received no complaints from any as to their treatment whilst a number spoke gratefully of the kindness they have received. Between 30 and 40 patients attend Divine Service, which is held every Sunday, and about the same number go to the associated entertainments in the house, some also visiting places of entertainment in the city.

Fifteen patients, 10 ladies and 5 gentlemen, are taken for drives, and 12 ladies and 6 gentlemen are allowed parole outside the grounds.

The health of the patients has been good, and there has been no infectious disease amongst them.

The nursing staff consists of 8 male and 16 female nurses for day, and of one male and 2 female nurses for night duty. Both the matron and the assistant matron are doubly trained, but so far no other members of the staff have obtained any certificates, 2 nurses only having passed the preliminary examination for the certificate of the Royal Medico-Psychological Association. The house was in some confusion owing to the work of renewing the electric lighting which is now being done, but otherwise it was in good order. In the ladies' No. 2 upper corridor I thought a smoke screen should be placed in position between the stairway and the single rooms. This question should be referred to my Board's architect. Miss Oxley, who has held the post of matron for the past 37 years, has recently retired, and I would wish her many happy years of rest after her labours. She has been replaced by Miss Henry, who was recently assistant matron at the Fareham Mental Hospital.

From the figures given me it appears that the average cost of maintenance is £2 0s. 11d. Forty-nine per cent. of the patients pay sums exceeding this cost, 16 per cent. pay from £2 2s. up to the maintenance cost, 9 per cent. pay from £1 1s. to £2 2s., 10 per cent. pay less than £1 1s., and 5 per cent. are received gratuitously.

Bootham Park, York.

November 13th, 1930.

I have to-day paid the second visit of the year to this hospital, and having made a complete inspection of the whole of its rooms and dormitories and offices I am able to say that I have found it in excellent order and the patients and voluntary boarders in residence in receipt of every proper care and attention and skilled treatment.

Since the last visit paid seven months ago by one of my colleagues and myself the following numerical changes have taken place among the ladies and gentlemen whose names are on the books:—

	Males.	Females.	Total.
Admitted - - - - -	2	4	6
Transferred - - - - -	—	1	1
Discharged - - - - -	3	3	6
of whom recovered - - - - -	2	2	4
Died (all from natural causes) -	1	4	5

These changes leave on the books the names of 38 gentlemen and 42 ladies, all of whom were in residence to-day. During the same period 9 gentlemen and 11 ladies have been admitted as voluntary boarders and 5 gentlemen and 10 ladies, all voluntary boarders, have left. There remain 8 gentlemen and 7 ladies in residence on a voluntary footing.

In the course of my visit I have seen and spoken to each of the 46 gentlemen and 49 ladies in residence, and have found them in general very contented and indeed appreciative of their surroundings, comfort and care. I gave particular attention to the newly admitted, and satisfied myself that each was rightly detained under care and control. The voluntary boarders are all suitable to remain on that footing. I had a private conversation with one gentleman voluntary boarder, and have made an entry thereon in the patients' book.

No patient has been either mechanically restrained or secluded since our last visit, and the general health of the patients has been good.

Ward No. 4 on the gentlemen's side is in the process of redecoration, and the lavatory arrangements are being improved. Another house in Union Terrace is to be added to the present nurses' home, and two or perhaps three additional bathrooms will be provided.

Usually 15 gentlemen and 6 ladies attend Divine Service on Sundays, and 12 gentlemen and 12 ladies share in the associated entertainments, whilst no less than 32 of those resident are usefully employed. Six of the ladies and gentlemen enjoy parole beyond and 4 inside the grounds, whilst 20 walk out attended beyond the grounds, and a like number are taken for drives three or four times a month, weather permitting.

The nursing staff under the matron consists of 18 male and 25 female nurses for day duty, and 6 male and 7 female nurses for night.

Dr. Jeffrey continues to be ably assisted by Dr. Love and Dr. Dixon.

The Coppice, Nottingham.

September 2nd, 1930.

Since my visit in April last 7 ladies and 5 gentlemen have been admitted as patients; 5 ladies and 2 gentlemen patients have been discharged; and one lady has died from natural causes.

These changes leave on the books the names of 44 gentlemen and 49 lady patients, a total of 93; but, as 5 gentlemen and one lady were away on leave or trial, there were to-day in residence 39 gentlemen and 48 ladies.

There are also residing in the house 2 gentlemen and 4 ladies on the footing of voluntary boarders, and another gentleman boarder is now at Morton Hall. All these may properly remain as such except one lady, whose name is given in the patients' book.

I saw all in residence, except one gentleman who was out, and satisfied myself that they are comfortable and receiving all proper care and attention in very comfortable surroundings.

I paid particular attention to the recently admitted patients, all of whom are, in my opinion, properly detained.

Some 15 of the patients attend Divine Service on Sundays, and about 40 go to the entertainments which are held regularly during the winter months.

Twenty-five patients are taken frequently for drives; four—3 gentlemen and one lady—are allowed parole beyond the hospital estate; and 3 of each sex are given considerable freedom within the grounds.

A good deal of re-decorating has been carried out on both sides of the hospital, and the gentlemen's wing has been completely refurnished. The house is in excellent order throughout, and the patients' rooms are bright, cheerful, and well-kept.

The staff consists of 14 male and 20 female nurses for day, and of 4 of each sex for night duty. Fifteen of the men and 8 of the women are certificated or registered as mental nurses, and 14 men and 5 women have been employed for over 5 years.

The average weekly cost is £3 17s. 9d., and 36 per cent. of the patients pay sums in excess of this cost. One per cent. of the patients are received gratuitously; 2 per cent. pay 21s. or less; 5 per cent. pay from 21s. to 42s.; and the remaining 57 per cent. pay from 42s. up to the maintenance cost.

Unfortunately, Dr. Hunter is at present without medical assistance, and is therefore too much tied in. It is to be hoped that another appointment of a medical officer will be made before long.

Coton Hill Hospital, Stafford.

August 15th, 1930.

As the result of the changes amongst the patients since my last visit in February, 17 admissions, 6 discharges, and 4 deaths, there are now on the books the names of 119 patients, and all except 2 gentlemen and one lady are now in residence. There are also in the hospital 3 gentlemen and 7 ladies on the footing of voluntary boarders, all of whom may properly remain as such, though it will probably be necessary to deal otherwise with one lady whose name is mentioned in the patients' book.

One gentleman was out for the day, but I saw all the others, and found them to be comfortable, contented, and well cared for. I received no complaints as to their treatment, and it was evident that there is an excellent feeling between staff and patients.

I was satisfied that the recently admitted patients are properly detained.

Of the 6 patients who have been discharged, 3 had recovered, and all the deaths were due to natural causes.

Divine Service is held on Sundays but only 16 patients attend, though 36 are able to go to the associated entertainments, and a few go to amusements in the town.

Some 25 patients are taken out for drives, but only 12 go for walks outside the hospital grounds. Twenty-one of the ladies and two gentlemen are usefully employed.

A considerable amount of redecoration has been carried out in the patients' quarters, and improvements are being made to the furniture, but I hope still more will be done to improve the appearance and comfort of the galleries where the more degraded patients live.

None of the baths are fitted for the giving of continuous baths, but an apparatus has been obtained, which can be carried about the building, for giving "foam" baths such as are used in various Spas. This has only recently been obtained and it will be interesting to hear later as to its effect. At present it is thought to be valuable for excited cases, and, I understand, is much liked by the patients.

The staff consists of 14 male and 19 female nurses for day, and of 3 male and 4 female nurses for night duty. Thirteen of each sex are certificated or registered as mental nurses.

The average maintenance cost is £2 13s. 10d., .8 of the patients paying up to and including one guinea per week, 28 per cent. paying from one to two guineas, 18 per cent. from two guineas up to the maintenance cost, and the remaining 53.2 per cent. paying over that cost.

Holloway Sanatorium, Virginia Water.

December 4th, 1930.

There are on the books of this hospital to-day 141 male and 190 female patients, and in addition 23 male and 21 female voluntary patients, making a total of 375.

There are absent on leave at Canford Cliffs 10 gentlemen and 19 ladies, and 3 other ladies are absent on trial. Three ladies were away for the day. During my visit to-day I saw the 154 men and 186 women patients actually in residence. In the course of my visit I gave special attention to the newly-admitted certificated patients, and am satisfied that they are all rightly under care—but one gentleman boarder did not properly understand his position, and should either be removed or certified.

The hospital is in extremely good order throughout. The decoration of the wards is attractive, and the various series of pictures, posters and prints on the walls are interesting and decorative. Much is done to encourage the patients to occupy themselves in various directions. There is a class daily in Swedish drill and gymnastics, and an occupation officer organises handicrafts of various kinds.

Seventy-three patients attend Divine Service on Sundays, 106 the associated entertainments, and in all 134 are reported to be usefully employed.

The sick and infirm receive every possible care.

I saw all the patients in single rooms, some of them owing to states of excitement. There was very little disturbance, and the wards were orderly.

It is recorded that since the last visit seven female patients have been secluded for a total of 750 hours. There have been no serious casualties, and no epidemic disease. Since the last visit eight patients have died, all from natural causes.

I suggest that attention be given to the toilet arrangements in male ward No. 7, where the number of wash-hand basins is inadequate and the supply of towels appears insufficient. Proper facilities for washing can hardly be provided without structural alterations. Small hand towels supplied to each patient daily would be advantageous, especially in this department.

During my visit I had a number of long conversations with patients, and also had nine private interviews. I received no complaints excepting those clearly arising from delusional ideas, or on the score of detention. In none of these cases is there need for further action.

At the present time additions to the male infirmary are being made. The question of a new laundry is receiving the attention of the Committee.

I was unfortunate in calling on a day when Dr. Devine was a good deal occupied with members of his Committee, and he had to leave early in order to give, by invitation, a lecture to the clerical staff of the Board of Control. I received, however, every assistance from Drs. Harper and Rutherford, and their medical colleagues. I had a very pleasant visit, and was greatly impressed with the efficiency of the hospital.

"St. Ann's," Canford Cliffs.

June 13th, 1930.

Having to-day visited the branch of Virginia Water Sanatorium I am pleased to record that I have found it in excellent order and most comfortable.

There are to-day in residence six gentlemen as patients and three more as voluntary boarders. Another gentleman voluntary boarder is in residence here, but is paying a two days' visit to his home, and so was not seen.

There are also 22 ladies in residence, of whom two are voluntary

boarders. Three of the ladies were out driving when I arrived, but returned before I had left.

I found all the ladies and gentlemen in receipt of all proper care and comfort and thoroughly appreciative of their pleasant surroundings. I received no complaint from any except in the case of one lady patient, who enjoys parole, but who wishes her discharge from certificates, for which she is quite unfit. One gentleman, a boarder, is in bed under treatment for a pulmonary affection, and one lady for mental reasons.

The staff, under the matron, consists of one deputy matron (Sister O. M. Martin) and 10 female and 2 male nurses. In addition a temporary additional male nurse has been engaged to assist with the nursing of the gentleman who is ill.

The Lawn, Lincoln.

October 16th, 1930.

I have to-day paid the second visit for this year to this hospital, and have been fortunate on this occasion of having the company of Dr. Barkas during my visit.

The hospital continues to be well-maintained, and to afford very good accommodation for the care and treatment of those who come here on account of their mental condition. A good deal of charitable work is done by receiving patients under the actual cost of maintenance.

The cost as last ascertained was £4 5s. 8d. per head per week; 5.71 per cent. of the patients pay up to and including 21s.; 17.14 per cent. above 21s., up to and including 42s.; and 67.15 per cent. from the latter amount to the cost of maintenance, and 10 per cent. only pay over the cost of maintenance.

Since my visit on May 1st the following numerical changes have taken place.

	Males.	Females.	Total.
Admitted as patients - - -	1	4	5
as boarders - - -	3	6	9
Patients discharged - - -	—	2	2
Transferred to other care - -	—	4	4
Boarders left - - -	2	7	9
Patients died - - -	—	1	1
Boarders died - - -	1	1	2

There are now on the books the names of 14 gentlemen and 35 ladies as patients, and of 6 gentlemen and 15 ladies on a voluntary footing. One of the latter is away for the present, leaving a total of 69 gentlemen and ladies in residence, all of whom I have seen during my tour of the hospital. I have found them in receipt of proper care, attention, and of skilled nursing where required. I received no complaints of any kind relating to their treatment, and many expressed their thanks for the kindness received.

The general health of the hospital is, and has been, good during the summer, no instance of an infective disorder having occurred. The three deaths were from natural causes. One post-mortem examination was made.

Divine Service is conducted by the chaplain, Canon Akenhead, on Sunday mornings, when 7 of the gentlemen and 19 of the ladies usually attend. Associated entertainments are held, when some 8 gentlemen and 20 ladies are present.

The staff of nurses consist of 11 men and 28 women, of whom 2 and 5 respectively are for night duty.

Several of the rooms occupied by the gentlemen and ladies have been redecorated, and there is an air of homely comfort about the place. A

new greenhouse has been built in the kitchen garden, and the one on the ladies' side will be used as a sitting-out place for them.

Dr. Mary Barkas still has the assistance of Dr. Myra Mackenzie as medical colleague.

Manchester Royal Hospital, Cheadle.

October 23rd, 1930.

During my visit to this hospital yesterday afternoon and to-day I have seen all the patients and boarders in residence.

The hospital throughout is in excellent order, and it is unnecessary again to refer to the arrangements made for the comfort and well-being of the patients, which continue to be efficient and highly satisfactory. A few patients complained of their detention, and I satisfied myself that all of them are rightly under care, and at present unfit for discharge or leave of absence on trial. There were no other complaints. There are in residence at Cheadle no less than 59 voluntary boarders, and in only two instances had I any doubt regarding their fitness to remain in that capacity. The relatives of one of these have already been informed that the patient cannot remain as a boarder, and the same course should be taken in regard to the other. I had private interviews with two gentlemen, and no action is called for in either case.

In the course of my visit I noticed that an abundance of books, newspapers and games was in every department, and I was glad to learn that continuous effort is made to induce patients to employ themselves. There is no occupation centre, such as has been found very useful in similar hospitals, nevertheless I saw a great deal of excellent handiwork in many of the wards, and some very good wool mats have been made by the patients. Nearly one-half the patients are usefully employed.

Since the last visit 32 patients have been admitted, 11 have died, 8 have been transferred elsewhere, and 16 discharged, of whom 9 have recovered. There are now on the books 261 patients, but as 37 are on leave or trial there are in residence 224 patients, in addition to the 59 boarders already mentioned.

A pleasant feature of the hospital is the large number of patients allowed parole. Fifty-one patients and boarders have parole beyond the grounds and 59 within the grounds. No less than 114 patients are taken out for drives.

No case of zymotic or epidemic disease has occurred, and there is only one doubtful case of tuberculosis.

There are in all 119 nurses on the staff, 94 by day and 25 by night, and of these 42 are either registered or certificated.

With regard to new developments since last visit, the principal event has been the re-opening of St. Anne's, which now contains 19 patients of the less favourable type. The accommodation provided is excellent, and the decorations are tasteful. It is gratifying to find the authorities of the hospital are providing chronic patients with this excellent accommodation. St. Anne's is not fully occupied and part of the house is temporarily used by night nurses.

The new house for Dr. Thomson, the deputy medical superintendent, is now occupied, and is most satisfactory. Besides this, a special fitted room has been set apart for shaving and hair-dressing of gentlemen, and of course in a hospital of this size there is always much being done in re-decoration and repairs.

I was glad to hear that the erection of verandahs in connection with the sick wards is under consideration, for there is no doubt whatever as to the value of open-air treatment for many forms of mental illness. New clinical rooms and a new laboratory are now in hand.

There have been no changes in the medical staff. I should like to refer to the pleasant relations existing between the patients and staff.

That there should be confidence and trust in the medical officers is to be expected, but the cordial relations existing and the general atmosphere of goodwill was obvious and shows that the patients appreciate the efforts made on their behalf.

Glan-y-Don, Colwyn Bay.

September 3rd, 1930.

At my visit to-day there were in residence 6 gentlemen patients and one boarder, and 19 lady patients and one boarder, all of whom I have seen and spoken with. Two of the gentlemen and three ladies are temporary visitors from Cheadle Royal, the remainder are resident more or less permanently. The premises throughout were in excellent order and the gardens and lawn delightful, and many of the patients spoke appreciatively of the conditions under which they live. Within the houses arrangements were most comfortable. In one of the bedrooms at the old house the key of the fire escape door is usually kept in the pocket of the nurse who sleeps with a patient in the room. I think it would be more satisfactory if a duplicate key were kept in a glass covered box on or near the door in question.

There are abundant opportunities for recreation and amusement, and some of the ladies were doing useful handiwork. Some regular occupation therapy classes would, I feel sure, be helpful. One lady and four gentlemen have full parole and four of each sex have parole within the grounds. Many of the patients attend Divine Service outside, and the Vicar of the parish is ready to come anytime if invited.

I gave a private interview to two ladies who wished to be discharged, in neither case did I consider they were yet fit, although one of them had considerably improved and already had full parole.

Dr. Pearse was away, but Miss Farr gave me every possible assistance during my visit.

I can speak in the highest terms of the care and treatment given to the patients in residence at this branch house and the excellence of the arrangements made for their welfare.

The Retreat, York.

November 13th, 1930.

I have to-day paid the second visit of the year, on behalf of my Board, to this hospital, and have found it in its usual excellent order and ably administered in the best interests of the ladies and gentlemen resident therein.

Since the last visit of one of my colleagues and myself in April of this year, considerable redecoration has been carried out; the old occupational therapy centre has been converted into a lecture-room for nurses, and extensive alterations to the Garrow Hill property are now in progress for its conversion into a modern mental nursing home, mainly for voluntary patients.

During the period under review the following numerical changes have occurred among the patients and voluntary boarders:—

						Males.	Females.	Total.
Admitted	-	-	-	-	-	10	13	23
Transferred	-	-	-	-	-	1	5	6
Discharged	-	-	-	-	-	5	10	15
of whom recovered	-	-	-	-	-	1	5	6
Died	-	-	-	-	-	1	3	4

There remain to-day on the books the names of 56 male and 104 female patients, of whom 2 male patients and 3 female patients are on

leave or trial. There were thus in residence to-day 54 gentlemen and 101 ladies as patients. In addition to the above changes, 30 gentlemen and 15 ladies have been admitted as voluntary boarders, and 25 gentlemen voluntary boarders and 13 ladies on a similar footing have left; 3 gentlemen and 2 ladies, voluntary boarders, have been certified and admitted as patients, and two gentlemen and one lady have died. These changes among the voluntary boarders leave 22 gentlemen and 21 ladies on the books, and all in residence to-day.

In the course of my visit I have seen and spoken to each of the ladies and gentlemen in residence, and have found them generally happy and contented, so far as their mental condition would allow, and in receipt of all proper care and attention, skilled nursing and expert medical treatment. The rooms and corridors I found throughout clean, tidy, pleasantly furnished, and warm and comfortable.

I gave particular attention to the newly-admitted, and satisfied myself that they were rightly detained under care and control, whilst all of those under treatment on a voluntary footing may suitably remain as such.

I received no complaints of any kind, except in two cases, on the ground of being given harmful food, founded in each case on a delusional basis; and in a few cases against their continued detention under certificates, though in each of these their discharge from certificates would be improper, in that each was of unsound mind and unfit for discharge.

The general health has been good since the hospital was last visited, and the only epidemic diseases which have occurred have been one case of measles on the ladies' side, and one case of scarlet fever on the female nursing staff. Two lady patients have sustained fracture of bone, one by a fall, and the other as the result of a push from another patient and subsequent fall; and also one lady, a voluntary boarder, sustained a severe shaking and minor injuries, having flung herself over a banister 8ft. above the ground.

Six gentlemen and 12 ladies enjoy parole beyond, and seven gentlemen and 16 ladies within, but not beyond, the grounds; whilst 15 gentlemen and 24 ladies walk out attended beyond the grounds. Eighteen gentlemen and 28 ladies are usefully employed.

The staff of nurses under the matron consists of: 31 male and 57 female nurses for day duty, and 7 male and 18 female nurses by night; nine female nurses are employed in nursing male patients.

Unfortunately, work in the occupation therapy centre had ceased before I had completed my tour of the hospital, but I was glad to hear that the numbers of patients occupied in the centre and both the volume and variety of work had notably increased, and that the centre was proving of great value.

Dr. Macleod continues to be assisted by Dr. H. L. Wilson and Dr. Mary Macarthur.

St. Andrew's Hospital, Northampton.

November 18th, 1930.

The nurses' home has been completed since our last visit; it is now occupied and provides excellent night and day accommodation, including bedrooms for the night staff in a separate block. The bedrooms, supplied with hot and cold water, are most comfortable, and the sitting rooms are attractive in their decorations and supplied with everything to make them suitable for rest and recreation. This home is a great addition to the amenities of the hospital, and supplies a much-needed want.

A considerable amount of re-decoration has been effected in the hospital, and at Moulton Park and the dormitory at the farm Villa has been provided with improved ventilation as suggested by us when last here. Extra bathrooms are being supplied to female ward 1, and an extra clinical

room to the male ward hospital. It is in contemplation to provide a new mortuary, a new dining hall in the centre, and two handicraft rooms. This hospital continues to be well-maintained in every way, the accustomed excellent conditions are still noticeable, and the ladies and gentlemen under care and treatment are receiving kindly attention, supervision, and nursing. During our visit to the main building we noticed that some of the patients were absent as they were undergoing treatment at Wantage House, and we are glad to hear that the advantages of laboratory investigations and of the special treatments there are fully available to all patients. At the same time we noticed that several cases of prolonged duration are resident at Wantage House, and we hope that such cases will not be allowed to occupy beds which would be of much greater value for the treatment of recent and acute cases.

Since our last visit in May there have been 19 discharges, 14 on recovery, and there are on the books 199 gentlemen and 250 ladies—in all 449. Those on leave or trial number 32, leaving in residence 177 gentlemen and 240 ladies.

There are also residing as voluntary boarders 42 gentlemen and 31 ladies, as to several of whom we have made special reference in the patients' book.

There have been two deaths, in one of which an inquest was held and the verdict returned was "suicide whilst of unsound mind, fractured skull." The patient, a lady, was killed on the railway whilst residing at Llanfairfechan, and the circumstances were duly reported to our Board.

We gave private interviews to twelve patients. Divine Service is attended by 186 patients, 240 are present at the associated entertainments, and 179 are usefully employed.

Parole is allowed beyond the grounds to 30 of the residents, and to 39 within the estate, about 100 walk out under care, and 213 enjoy carriage exercise.

The staff numbers 71 of each sex for day and 13 male and 15 female nurses for night duty, whilst of these 56 male and 17 female nurses are certificated or registered in mental nursing.

The average cost of maintenance is £4 17s. 5³/₄d. Thirty-eight per cent. of the patients are received gratuitously, 7·07 per cent. pay up to and including 21s. a week, 10·71 per cent. pay up to and including £2 2s., 48·76 per cent. pay over £2 2s., and up to and including cost of maintenance, and 33·08 per cent. pay over the maintenance cost.

Bryn-y-Neuadd, Llanfairfechan.

September 2nd, 1930.

At my visit to-day besides 14 male patients usually in residence there were 43 gentlemen on a temporary visit from Northampton. One gentleman was out for the day; with this exception I saw all in residence. I also inspected the day rooms and bedrooms.

Everything was in excellent order, the grounds and gardens in beautiful condition. A great deal is done to interest the patients, and the programme for the month is full and varied. Cricket, bowls, tennis, football are regularly played, many of the patients greatly enjoy bathing, whilst frequent motor-coach drives, as well as picnics, are arranged. It was evident the patients greatly enjoyed the change of scene. I had conversations with many of them, no complaints of any kind were made. Three patients have full parole and nine have parole limited to the grounds. I gave a private interview to one gentleman. The Rector of Llanfairfechan holds Services weekly in the house, and Holy Communion is partaken of once a month.

There is relatively a large nursing staff, 21 male nurses being on duty, two of whom are on night duty.

I had the pleasure of meeting Dr. Rambaut, who accompanied me during my visit and gave many details of the patients. The hospital has been fortunate in obtaining Dr. Starkey, formerly of the Plymouth Mental Hospital, as resident medical officer, who entered on duty about six months ago.

I was greatly impressed with the beautiful situation of this holiday home, the excellence of all the appointments, and with the care and thought given for the welfare of the patients.

Since the last visit of one of my colleagues one lady patient committed suicide on the railway. She had full parole, and was seen by the medical officer a few minutes before. The facts were fully reported to my Board at the time, and call for no further comment.

The Warneford Hospital, Oxford.

August 13th, 1930.

Visiting this hospital to-day I found that, as a result of the changes amongst the patients since my visit in April last, there are now on the books the names of 41 gentlemen and 50 lady patients, and 8 gentlemen and 9 lady voluntary boarders.

All of these were in residence and were seen by me, except three patients of each sex, who were absent on trial, and two gentlemen and one lady who were out, and one lady who was on leave, and I was also interested to see two gentlemen, one of whom was on trial, and the other who had formerly been a voluntary boarder, both of whom had returned to pay a visit to their old friends.

I paid particular attention to the newly-certified patients, and satisfied myself that they are properly detained. The voluntary boarders, with two exceptions, whose names are given in the patients' book, may remain as such. I had a private interview with one gentleman, who is, in my opinion, unfit to be discharged.

I found the patients to be comfortable and contented, and I received no complaints from any as to their treatment.

Divine Service and the associated entertainments are attended by some 40 patients, and the same number are usefully employed. The occupation centre on the gentlemen's side, where various handicrafts are taught by one of the male staff, is attended by some 12 gentlemen, and a centre of a similar nature is also being started for the ladies.

Parole beyond the grounds is allowed to 4 gentlemen and 6 ladies, and 8 other gentlemen and 5 ladies have considerable freedom inside the grounds.

About half the patients of each sex are taken for drives and a good number go for walks attended by members of the staff.

Considerable painting and redecorating has been carried out on both sides of the house, and in the gentlemen's gallery the old pantry has been converted into a new lavatory. The house and grounds were in excellent order.

The staff consists of 14 male and 19 female nurses for day, and of 3 male and 5 female nurses for night duty. The certificated or registered mental nurses number 7 men and 11 women.

The average maintenance cost per head is £4 8s. 7d. per week, 2 per cent. of the patients paying 21s. or under, 5 per cent. from one to two guineas, 61 per cent. from two guineas to the maintenance cost, and 32 per cent. over this cost.

I was unfortunate in missing Dr. Neill, who was absent on leave and, for most of the time, Dr. Bickerstaff, who was out, but Dr. Campbell took me round and gave me the necessary information.

Wonford House, Exeter.

August 8th, 1930.

I have to-day visited this house and have seen all the patients who are now in residence, and spoken to all who were able to converse. I found the patients generally happy and contented, and in receipt of kindly care and attention. The house itself was in fairly good order, but a considerable amount of decoration is required, particularly in the block set aside for the more difficult ladies.

I cannot help feeling that the centre garden for ladies and the enclosed court on the male side might be made much more attractive by the addition of well-stocked flower beds and borders.

I gave particular attention to the new cases, who in my opinion are properly detained.

There are now on the books the names of 48 gentlemen and 87 ladies, a total of 135, and in addition there are one gentleman and 5 lady boarders. Five ladies were at Dawlish at the time of my visit. Three gentlemen and one lady have died during the period under review, all from natural causes. There have been no inquests and no serious casualties. Two patients have been secluded for a total period of 2hrs. 20min. There has been no mechanical restraint.

One gentleman and 8 ladies have full parole, 2 and 1 respectively have parole within the grounds, and 3 of each sex walk out attended beyond the grounds. Twelve gentlemen and 24 ladies usually attend Divine Service on Sundays.

The total number of nurses is 59, of whom 26 are men and 33 women. Eleven men and 5 women have over 5 years' service and 6 men and 4 women are certificated or registered in mental nursing.

Of the patients 2.18 per cent are received gratuitously, 4.37 per cent. pay up to 21s. per week, 10.94 per cent. pay from 21s. to £2 2s. per week, and 50 per cent. pay from £2 2s. up to the cost of maintenance, 32.11 per cent. paying more than that sum.

Newlands, Dawlish.

August 8th, 1930.

I have to-day visited this house and have seen 4 out of the 5 ladies who are now residing here. I have been over the house, and also through the gardens. The house appeared to me to be well adapted for the purpose—it is nicely and comfortably furnished, and the patients now here are enjoying the surroundings. From the upper part of the garden there is a perfectly lovely view of the sea on the one hand and across the estuary on the other.

Unfortunately some defects have been found in the drains, which are now being rectified without interference to the working of the existing system and without discomfort to the patients.

I was shown by Mr. Ware, the surveyor to the hospital, an arrangement of smoke screens less costly and equally efficient to the screen originally proposed to the Board. It appeared to me to be quite satisfactory, but a plan will be sent to the Board.

One patient was out walking and I did not see her.

Royal Military Hospital (D. Block) Netley.

August 28th, 1930.

Since this branch of the hospital was last visited by a member of the Board of Control on January 15th last year 329 patients have been

admitted. At my visit to-day, however, only 27 patients, i.e., two officers and 25 other ranks, were in residence, as compared with 38 at the time of my colleague's last visit.

Kindly accompanied by the Officer-in-Charge, Major Gall, R.A.M.C., I saw and spoke to each of the patients in residence and found them to be well cared for in every respect, contented, appreciative of their surroundings, and in receipt of skilled treatment and attention.

The general health has been good since last visit, and with the exception of one case of German measles the hospital has been entirely free from disease of an epidemic nature.

There has been no death and the only serious casualty, involving fracture of bone, occurred when a patient in an attempt at escape fell from a wall which he had scaled. There has been no employment of mechanical means of restraint, and seclusion has been necessary in only one case. The flow of admissions, the recovery rate—usually high—and the disposal of discharges are conveniently expressed in the statistics for the year ended December 31st last. During that period 220 patients, of whom 8 were officers, were admitted, 83 from overseas, and 137 from United Kingdom troops. The majority, 71 per cent., were within the age-period 20 to 30 years of age. During the same period 111 were discharged recovered to the care of relatives, 13 returned to duty, 11 were transferred to other hospitals, and the remainder of the discharges were sent under special certificates either to care of friends (42), to unions (18) or to mental hospitals (37), leaving 37 in the hospital at the end of the year.

The age-period within which the majority of admissions fall, and the fact that no less than 66 were diagnosed as suffering from neurasthenia, or psychasthenia or hysteria no doubt contributed to the high recovery rate (50 per cent.).

The improvements and additions made at the hospital since last visit include internal painting throughout the hospital, the re-conditioning of the officers' billiard hut, the installation of wireless sets, which are greatly appreciated, in the officers' division, and in the other ranks' day-room, and the construction of two new padded rooms. The near corners of the latter might be made shallower with advantage. Of the present nursing staff, three are certificated or registered as mental nurses and two have passed the preliminary examination.

Royal Naval Hospital, Great Yarmouth.

September 16th, 1930.

At the annual visit paid on September 16th, 1930, on behalf of our Board, there were on the books as patients the names of 27 officers and 91 men, all of whom were in residence. The question of allowing one of the former out "on trial" was under consideration—mention of which is made only because I understand that this salutary and helpful practice has not been hitherto found practicable here.

Of the officers, 20 are paid for out of Naval funds and 7 by the Ministry of Pensions, the corresponding numbers for the men being respectively 35 and 56. In the case of one patient a re-fund is made by the Canadian Government. There are now no Army cases here.

Consequent upon the decision to continue the use of this hospital—which for seventy-six years has so admirably served its purpose, and of which decision our Board were particularly glad to learn—a commencement has been made again to admit patients; and, since December 3rd, 1929, which is the period under review, 8 patients have been admitted, of whom two were officers.

The only other changes in numbers among the patients have been the deaths of two officers and four men—representing a mortality rate of 5·2 per cent. All these deaths were from natural causes, verified in 50 per cent. of them by post-mortem examination. In three of them an inquest was held. General paralysis was the cause of four of these deaths. As usual, no bed-sore has occurred.

There has been an entire freedom from epidemic or infective disorder. In this connection it has seemed to me at visits to this hospital that the incidence of tuberculosis is satisfactorily low. On this occasion, and as the result of statistics kindly extracted for me, it may be of interest to note that, of the 499 deaths which have taken place during the past twenty years (i.e., since January 1st, 1910), 32 (6·4 per cent.) were due to pulmonary tuberculosis: post-mortem examinations were carried out in 318 (63 per cent.) of these deaths, and included 14 of the 32 tuberculous cases. Plenty of fresh air and a liberal diet are well-known factors in the prevention of tuberculosis; and I feel sure that the good scale of diet which obtains here is partly reflected in the comparatively small number of tuberculous cases. There is no such case at present at the hospital.

Parole beyond the hospital grounds is accorded to 24 patients, of whom 9 are officers. Besides this, by leaving the doors unlocked of one ward for officers and two wards for men there is free access for the patients of these wards into the open garden quadrangle in the centre of the buildings. Thus, in the cases of some 36 per cent. of the patients, the feeling of restriction upon their liberty is considerably reduced. This is one of the best ways of promoting contentment in a mental hospital. It seemed to me that the patients in general were very contented.

No resort has been had to seclusion; but, in the case of one patient, mechanical restraint was employed on two occasions for a total of 20 hours. Three cases of general paralysis have been treated recently by induced malaria.

There are at present about 100 vacancies; a number which in case of necessity could be somewhat increased. It is uncertain at the moment how many of these will be required for some Ministry of Pensions cases whose removal here is contemplated. For this reason, certain improvements under consideration are being held over. It is fairly certain that some new plant will be required in the kitchen. I was glad, too, to learn that thought is being given to the possibility of altering the position of the cinematograph apparatus, so as to minimise risk in case of fire.

Under the chief and head male nurses, the nursing staff consists of 26 men, of whom 11 are certificated in mental nursing and another six have passed the preliminary examination. It is, therefore, clear that satisfactory attention is given to the maintenance of an adequately trained staff. It occurred to me that when their number increases with the filling-up of the hospital, it may be worth while to endeavour to form a small band and choir.

I received every assistance from Surgeon-Commander H. C. Devas, R.N., who continues in charge. Surgeon-Lieutenant G. S. Rutherford, R.N., is now his medical colleague.

Broadmoor Criminal Asylum.

November 7th, 1930.

We visited this institution on behalf of our Board to-day, and as the weather was fine we found most of the patients out of doors. The terraced allotment gardens on the male side are a pleasing feature, and a large number of men were at work in them. These gardens owing to the slope of the hill, command an extensive and beautiful view and give a

minimum feeling of confinement. It was interesting to learn that flower shows are held and prizes are given, and also patients raising vegetables can sell what they do not need for themselves.

Everywhere we found that patients able to occupy themselves were encouraged to do so. We saw handiwork of various kinds, but did not see any mat-making or weaving, which if not already introduced, might well be tried. The patients also have facilities for amusement and reading. The small library used for a quiet reading room is stocked with very good literature. There are billiard and chess tournaments, and in the season cricket matches are played weekly with some outside teams and others are home matches.

During our visit we saw all the patients—males 615, females 200—and there was no disorder or turbulence, and only one woman patient could be considered noisy. No complaints of any substance were made regarding treatment. We had interviews with all who wished, and as would be expected, many raised the question of their detention or asked that they should be transferred elsewhere. We made enquiries about all of these, and there appeared no occasion for us to ask that any of the cases should be considered.

Several patients complained that their appeals to the authorities received no reply. We learnt that in these cases the patients in question had not complied with the rules dealing with appeals of this kind or had refused to take advantage of the opportunities regularly provided for making applications of this nature.

We saw and spoke with all in single rooms. Several were isolated at their own request, others were alone but not secluded. Although it was a cold day none of the patients were cold, but as certain of them are destructive and some will not wear clothing, the question arose whether the temperature of certain of the single rooms was adequate under the circumstances. These rooms are heated from the corridor outside, which is supplied by radiators, but this may not be sufficient in very cold weather, and when bed clothes are discarded. The patients in the sick wards receive every care and attention. The new solarium with open windows is much appreciated and is a very useful addition to the institution.

There are a few patients suffering from general paralysis, and so far it has not been found practicable to give them malarial treatment. This has been found of such great value in many early cases that we hope the needed arrangements will be made, although we realise it presents considerable difficulty in this institution.

Since the last visit of Commissioners there has been a considerable amount of seclusion.

	No. of instances.	No. of hours.
Males (16) - - -	2,298	13,038
Females (28) - - -	1,155	10,024

but there has been no use of mechanical restraint.

Since the last visit 23 patients have died, all from natural causes, and inquests were held in every instance.

No epidemic or zymotic disease is reported. At the present time 8 male patients are suffering from tuberculosis.

It is highly satisfactory to note that no serious casualties are reported since the last visit.

In one department the patients have parole within the building and free access to the dayrooms and their bedrooms. A noticeable feature is the way many of their rooms contain personal belongings and photographs, and in some cases quite a library of books.

The following table shows how patients are employed.

Patients usefully employed during the week preceding the visit of the Commissioners.

Nature of employment.	Males	Females	Total
Garden, terraces and farm - - -	80	—	80
Writing, bookbinding, library, etc. - -	9	—	9
Tailor's shop - - - - -	9	—	9
Shoemaker's shop - - - - -	7	—	7
Tinsmith's shop - - - - -	2	—	2
Mattressmaker's shop - - - - -	5	—	5
Carpenter's shop - - - - -	3	—	3
Stores, etc. - - - - -	5	—	5
Kitchens - - - - -	9	11	20
Ward cleaning - - - - -	93	43	136
Needlework - - - - -	7	12	19
Laundrywork - - - - -	—	31	31
Bricklayers, painters, etc. - - - - -	2	—	2
Bakers - - - - -	4	—	4
Total - - - - -	235	97	332

The movement of patients since the visit on July 8th, 1929, is as follows:—

	Males	Females	Total
Patients admitted since July 8th, 1929 -	56	17	73
of whom were transferred from other mental hospitals - - - - -	1	—	1
Patients allowed out on trial - - - - -	—	—	—
Patients discharged or removed - - - - -	52	10	62
of whom removed as rate-aided patients to local institutions on absolute discharge as criminal lunatics - - - - -	24	2	26
Removed as rate-aided patients to local institutions on expiration of sentence -	11	—	11
Removed as a rate-aided patient to local institution on lapsing of original reception order - - - - -	1	—	1
Transferred as criminal lunatic to other institution - - - - -	1	—	1
Recovered and discharged to care of friends, etc. - - - - -	12	8	20
Recovered and remitted to prisons - - -	3	—	3
Patients died - - - - -	17	6	23
Patients now on statutory books - - - -	615	200	815
of whom H.M. Pleasure cases, viz.,			
Found insane on arraignment - - - - -	217	86	303
Found guilty, but insane - - - - -	290	100	390
Patients certified insane before trial -	28	12	40
Patients certified insane after trial -	78	2	80
Rate-aided patients - - - - -	2	—	2
Patients now resident in Asylum - - -	615	200	815

and the average number of patients in residence during the year ending December 31st was males 627, females 198, total 825.

Many improvements have been made since the last visit, amongst which we may mention:—

1. Electric light has been installed in male blocks 3, 4, 6 and 7 in the administrative buildings, workshops and stores.

2. Much internal redecoration has followed the installation of electric light.

3. New floors have been laid in the central hall male division, the dining hall female division.

4. Improved sanitary fittings have been supplied in male blocks 4, 5, 6, 7.

5. Refitting of the bakehouse.

6. Reconstruction of the mortuary.

7. Pumps and air-compressor have been erected at the water works with a stand-by oil pump for emergency use.

In addition to the above, new works are in progress or are contemplated as follows: further extension of the electric lighting, improvement of the domestic hot-water service, the erection of a sports pavilion, a new proscenium to the stage in the central hall, male division, and it is expected by some re-arrangement of rooms in block 7 to increase the number of beds.

Dr. Foulerton was away at the time of our visit, but we were rendered every assistance from Drs. Connolly and Hopwood.

We received a favourable impression of the way this Asylum is administered, and are satisfied that the patients are treated with great care and consideration.

APPENDIX E.

ENTRIES BY COMMISSIONERS AT METROPOLITAN LICENSED HOUSES.

Brooke House, Clapton, E.5

December 2nd, 1930.

During my visit to-day I saw all the patients and boarders with three exceptions. Two ladies were out for the day, and one gentleman expressed a wish not to be visited. The three newly-admitted ladies are, in my opinion, rightly under care, and the voluntary gentleman patient admitted since the last visit is suitable to remain on a voluntary footing. I had long private interviews with two patients whose names are in the Visitors' book, and no action is necessary in either case.

There are on the books 18 male and 42 female patients. One patient has died since the last visit from natural causes, and two boarders have died. There have been no inquests, and no serious accidents are reported. Two women patients have been secluded for a total of 42 hours. It is reported that 22 patients attend Divine Service on Sundays, 33 the associated entertainments, and 16 are usefully employed. Five have full parole and 23 parole within the grounds.

During my visit no patient made any complaint, except in two or three instances, which clearly arose from mental disorder, on the contrary several patients spoke in high terms of the care and attention they were receiving. The patients were comfortably housed, and I was glad to see that a large amount of freedom is given so that patients' rooms were frequently adapted to their peculiarities, and individual fancies. Two ladies had a number of birds in their rooms, which evidently gave great pleasure.

Some of the upper bedrooms need re-decorating, but I was informed that re-decoration is continuously going on and that these rooms would soon be attended to in turn. The two rooms mentioned in the last Commissioner's report are now vacated and will not in future be used for patients, and a door has been fixed on the first floor in main building as suggested by the Board's architect.

Camberwell House, Peckham Road, S.E.

August 7th, 1930.

Visiting here yesterday and to-day, I have seen all the patients in residence. These number 112 gentlemen and 223 ladies; amongst whom 17 and 34 respectively are here upon a voluntary footing, for which status these 51 patients seem to be suitable cases, with the exception of one for whom a reception order is in process of being obtained, and another as to whom I suggest no further action at the moment in view of her age and frail condition.

Thirteen gentlemen and 11 ladies are away on leave at Hove Villa; and 5 gentlemen and one lady, all six of whom are voluntary patients, are also there. Two gentlemen and one lady are on leave elsewhere.

Since my colleague's visit last May, 25 gentlemen and 43 ladies have been admitted—and, of these 68 admissions, 36 were received as certified and 32 as voluntary patients. These numbers do not include four cases certified while here upon a voluntary footing, and one case discharged from certificates and remaining on as a voluntary patient.

Apart from 20 of the newly-admitted voluntary patients whose cases are covered by what I have already said, I paid particular attention to those of the newly-admitted certified patients who are still here—32 in number—and satisfied myself that this step for their care and treatment under control had been rightly taken.

Other changes include the departing of 17 voluntary patients, the dis-

charges (in seven cases on recovery) of 19 certified patients, the transfer to other care of 7 of each sex, and the deaths (including one voluntary case) of 12 patients.

These changes leave on the books the names of 132 gentlemen and 236 ladies, of whom respectively 22 and 35 are voluntary patients.

Among the deaths was the case of a lady in which death from broncho-pneumonia was accelerated by a fracture of the thigh, accidentally sustained. This was the subject of an inquest; otherwise, all the deaths were from natural causes.

Mechanical restraint has been employed in the cases of one gentleman and four ladies—on eight occasions for a time of $84\frac{1}{2}$ hours.

Seclusion has been employed in the cases of 17 gentlemen and 34 ladies, for a total of $885\frac{1}{2}$ hours. In view of my colleague's remarks in the last entry, I asked for a return of the use of seclusion during the twelve months ended June 30th last. This has been kindly extracted for me during my visit; and the figures given me show its use in the cases of 45 gentlemen on 203 occasions for a total of 1,247 hours, and in the cases of 102 ladies on 395 occasions for a total of $2,667\frac{1}{2}$ hours. The figures indicate that about 1 in 3 of the total male certified and voluntary patients were secluded, and that this proportion was slightly higher among the females. A more correct way of calculating these proportions would be to base them on the total number under treatment during the period in question. The proportions would then be found to be rather less, but, even then, the figures do suggest that consideration should be given whether this form of treatment could not, with advantage, be decreased. It perhaps also raises the question whether the facilities for the administration of "continuous baths" and other forms of hydro-therapy are sufficient.

The total number of the nursing staff is 20 male and 79 women nurses; of the latter, 10 are employed on the male side. Of these totals, 18 and 55 are said to be on duty by day, and 6 and 13 by night.

The house throughout is in very good order, and good progress is being made with the alterations and erection of new single rooms.

Hove Villa, Brighton.

September 25th, 1930.

I have to-day visited this branch house and have been all over the patients' quarters, and have found everything in very good order and the patients in receipt of proper care and attention.

There are now 8 ladies and 15 gentlemen in residence, all of whom, with two exceptions, who were out walking, I have to-day seen and spoken to. Of the 15 gentlemen, three are here on a voluntary footing.

The staff besides the matron consists of 2 male and 6 female nurses.

Chiswick House, Pinner.

June 30th, 1930.

I have to-day visited this house and the gentlemen's side at The Grove and have found both houses and their grounds in excellent order.

There are now in residence and on the books the names of 12 gentlemen and 18 ladies, 4 of the former and one of the latter sex being here on a voluntary footing. I have spoken to all the ladies and gentlemen with the exception of one gentleman whom I passed in a car going out for a drive, as I drove from Chiswick House to The Grove.

The only changes since the last visit have been the admission of one gentleman and one lady, and the transfer to other care of one lady. The lady who was admitted has since been transferred to other care, so that there is only one new case, and he is in my opinion properly under care and control.

I gave a private interview to one lady, but no action is required as a result. One lady has much improved, and is going home shortly.

The staff at Chiswick House consists of 9 nurses by day and 2 by night and, at The Grove, of one female nurse and 5 males by day and 2 males by night.

Clarence Lodge, Clapham Park, S.W.

July 30th, 1930.

I have to-day visited this house and found it in very good order. Since the last visit of one of my colleagues two ladies have been admitted as patients; one lady patient has been discharged as recovered, and another has been transferred elsewhere. The ladies whose names remain on the books are, as when last visited, eleven in number, one of them being a voluntary boarder.

I have seen and spoken to all and have found them very contented and comfortable and in receipt of every proper care and attention. The two newly admitted ladies are rightly held under care and control and the voluntary boarder may suitably remain on that footing.

There has been no occasion for employment of mechanical restraint or seclusion. The nursing staff consists of five nurses on day and three on night duty.

Featherstone Hall, Southall.

October 28th, 1930.

There have been no changes since the last visit of a Commissioner. I found seven ladies in residence, and I saw them all, and I have no doubt that they are all receiving very kindly care and attention. The staff consists of a charge sister and 5 nurses. The house is in good order.

Fenstanton, Christchurch Road, Streatham Hill, S.W.2.

July 29th, 1930.

I have to-day visited this house and have seen and spoken to all of the ladies in residence. I have found the house as usual in admirable order and the ladies comfortable, in receipt of all proper care and attention, and in general very contented.

Since the house was last visited by one of my colleagues, two ladies have been admitted as patients. One lady patient has been transferred to other care, and another has been discharged as recovered, whilst one lady has been received on a voluntary footing. These changes leave on the books the names of 23 ladies as patients and 3 as voluntary boarders. One of the voluntary boarders was out on parole at the time of my visit but all the other 25 ladies were in residence and seen by me either in the drawing rooms or in the case of two or three elderly cases who retire early, in bed. I am thoroughly satisfied that the care is excellent and kindly. Fifteen ladies attend Divine Service and 23 ladies the associated entertainments, garden parties, etc. Two have parole outside the grounds and three within the grounds, whilst 12 are taken for drives from time to time. The nursing staff under the matron consists of 8 nurses for day duty and 3 for night.

The Flower House, Beckenham Lane, S.E.6.

July 29th, 1930.

I have to-day visited the house and have found it in excellent order, very comfortable and pleasantly decorated.

Since last visited the following changes among the patients and voluntary boarders have occurred:—

Two patients have been admitted and 5 have been transferred to other care, leaving 22 gentlemen resident as patients to-day. Also 5 voluntary boarders have been received since last visit, one of whom was certified and admitted as a patient, being subsequently transferred elsewhere. There are thus 8 gentlemen on the books to-day as voluntary boarders, and all in residence.

I have to-day seen and spoken to all of the 30 gentlemen in residence, I have found them comfortable, contented and entirely free from complaint of any kind.

Of the two patients admitted since last visit, one, as stated above, has been transferred elsewhere and the other, whose name I have entered in the patients' book, is on the point of discharge as recovered. The voluntary boarders are all suitable to remain on that footing at present, though I should like special attention to be given to one, and a report furnished to my Board in four weeks' time.

No death has occurred since last visit, and the general health appears to have been good. There has been no change in the number of the staff.

I am very satisfied that everything possible is done for the welfare and happiness of the gentlemen here.

Halliford House, Upper Halliford, Shepperton.

August 7th, 1930.

Since my colleague's visit last May, 4 gentlemen have been admitted, all under certificates—and I am satisfied from my visit to them to-day that this step for their treatment under care and control has been rightly taken.

With respect to one of them, a case of encephalitis lethargica, I think a further report on his mental state should be made to our Board, as the mental symptoms upon which he was certified and those described in the note on admission in the case book seem to have considerably cleared up and he was able to express to me a rational view of past events, in connection with his illness.

Six of the gentlemen and 8 of the ladies are at present away at Alverstoke and in company with them is Miss Bartlett, the matron. Dr. Haslett is also away, but is expected back to-morrow. One gentleman has been transferred to other care.

There are now on the books the names of 17 ladies and 13 gentlemen. These numbers include one gentleman and two ladies, who are voluntary patients, all three of whom are among those who are away.

Hayes Park, Hayes, Middlesex.

October 1st, 1930.

I have seen the 17 ladies who are on the books (including one who has been admitted since the last visit) and are in residence. They are receiving careful attention in most comfortable surroundings.

The lady who has been recently admitted is rightly detained. One lady has been restrained by jacket. Most of the ladies attend service on Sunday, two of them go for walks, and eight are taken for drives. There is an adequate nursing staff.

Hendon Grove, Hendon, N.W.4.

June 16th, 1930.

Since the last visit of a Commissioner one lady has been transferred to another institution, and one voluntary boarder has died. These

changes leave the names of seven ladies on the books, all of whom are in residence and all of whom I saw. The house appeared to be in good order, and the garden where most of the patients were out walking was looking bright and beautiful.

A new matron has been in residence about six weeks, and there has been one other change in the staff since the last visit.

Mead House, Hayes, Middlesex.

October 1st, 1930.

Since the last visit two ladies have been discharged, but there have been no other changes amongst the ladies in this house, who now number 10 patients and two voluntary boarders; the last named may remain in that position.

The house is in capital order and the ladies are receiving proper care and supervision. Some of the ladies attend service at Hayes Park on Sunday, four go out walking, and six are taken for drives. There is a nursing staff of 7 for day and 2 for night duty.

Moorcroft, Hillingdon, Middlesex.

October 1st, 1930.

This house is in its accustomed good order, and I found the ladies and gentlemen who are in residence in receipt of all due care and attention. I visited the studio, where I saw some of the gentlemen engaged in simple occupations under a trained instructress. I hope every endeavour will be made to encourage all who are able and likely to receive benefit, to take part in this source of amusement. I understand that some of the ladies attend in the afternoon.

As a result of the changes that have taken place since the last visit there are on the books the number of 33 gentlemen and six ladies. One gentleman is on trial, leaving in residence 32 gentlemen and six ladies. I have seen all in residence with the exception of one gentleman, who was out. The newly-admitted cases are rightly under care, and one gentleman has improved. There are also here, in the position of voluntary boarders, five gentlemen and two ladies, who may remain as such. There has been no mechanical restraint or seclusion. Divine service is attended by nine of the inmates, 36 attend the associated entertainments. Eight have full and eighteen a more limited parole. Sixteen go for walks under care, and 22 are taken for drives. There is an adequate staff and four of the male nurses are certificated or registered in mental nursing.

Newlands House, Tooting.

May 21st, 1930.

The re-decoration of this house, referred to by my colleague when he visited last month, is still in progress, and will greatly improve its appearance when completed. Except for the parts, mainly corridors, where the work is still being carried on, I found the house in excellent order and exceedingly comfortable. The day being fine most of the patients were in the garden, in which considerable changes have been effected to the advantage of the patients, from the point of view of recreation and the amenities in general. There have been no changes in the number of gentlemen and ladies on the books, with the exception of the transfer of a lady patient elsewhere. There are the names of 13 gentlemen and 7 ladies on the books to-day, of whom one gentleman and one lady are voluntary boarders.

At my visit to-day two of the gentlemen, both being patients, were on leave, one of them on holiday and the other on trial. With these two exceptions I have seen and spoken to each of the ladies and gentlemen in residence and have found them quite contented and in receipt of every care and attention.

The staff under the matron consists of 8 nurses and 5 attendants, of whom 3 nurses and one attendant are usually on night duty.

I was accompanied during my visit by Dr. Sergeant and the matron, who gave me all assistance. I should add that the voluntary boarders may suitably remain on that footing.

Northumberland House, Finsbury Park, N.4.

December 9th, 1930.

With the exception of one lady who is on leave at Kearsney Court I saw to-day all the patients and boarders on the books, viz., 26 male and 41 female patients, and 6 male and 10 female voluntary boarders.

Since the last visit (October 2, 1930) 4 patients have been discharged, one of whom had recovered, and two have died, both from natural causes. There have been no serious casualties and no inquests. No patients have been secluded and mechanical restraint has not been used.

During my visit I paid special attention to the newly-admitted certified patients, all of whom are rightly under care. The newly-admitted voluntary boarders are suitable patients to remain in that capacity. One voluntary patient was in residence and he was not included in the figures given as the consent of the Board had not then been received. He is a suitable voluntary patient.

I found the whole house in good order and the patients were free from excitement. There was no noise or turbulence. It is clear the patients are well cared for and the sick and infirm are well nursed. Except on the score of detention no complaints were made. Parole outside the premises is given to one gentleman and two ladies, and parole within the grounds to seven gentlemen and five ladies. A part of a verandah in the inside garden of the men's side has been taken down, and further alterations are pending, including the erection of a solarium. The extra door recommended by the architect of the Board has been provided.

I had some conversation with Dr. Dillon with reference to the arrangements proposed for the reception of patients under the Mental Treatment Act, and suggested he should write to the Board setting forth in some detail his proposals.

I had a private interview with one newly-admitted gentleman, and no action in his case is necessary.

Dr. Dillon has the assistance of Dr. Glaister and Dr. Aubrey as medical officers.

Otto House, 44 Sydenham Hill, S.E.26.

October 27th, 1930.

Since this house was last visited by one of my colleagues the only numerical changes which have taken place among the patients have been the admission of one patient and the transfer elsewhere of another. The members on the books therefore remain unchanged, and I have to-day seen each of the 16 ladies in residence.

I am pleased to say that I found them very comfortable and as contented as their mental condition would allow, and I am satisfied that they are in receipt of every care, kindness and proper attention. One lady was in bed resting. I gave special attention to the newly-admitted patient, and am satisfied she is rightly detained under treatment.

I gave a private interview to one lady: the whole house is, as always, in excellent order.

Peckham House, Peckham, S.E.15.

April 15th, 1930.

Since the last visit 41 patients (including 13 rate-aided cases) have been admitted and, as a result of the changes which have taken place, there are on the books 70 gentlemen and 199 ladies—private—and 50 rate-aided patients. Thirteen patients are on leave or trial, so that there are in residence 68 gentlemen and 188 ladies (private patients) and 50 rate-aided patients, a total of 306. We have seen them all and found them to be in receipt of proper attention and care.

Some redecoration is needed, but otherwise the house is in good order. We think that the padded room attached to 14 dormitory should be discarded and put out of use.

To one patient a private interview was given.

There are also here 13 gentlemen and 19 ladies in the position of voluntary boarders. One gentleman expressed his desire to leave and two of the ladies are quite unfit to remain here as boarders. The deaths, 12 in number, were from natural causes. The newly-admitted cases are rightly detained.

Kearsney Court, Dover.

April 9th, 1930.

I have to-day visited this house and have seen the 4 ladies and one gentleman who are at present here. I understand that 6 ladies from Peckham House and 3 from Northumberland House are expected to-morrow. The house was in excellent order and most comfortable and the day being bright the gardens and river at the bottom were looking most attractive.

At present Miss Russell has a charge and one other nurse, and 3 more expected to-morrow with the other patients. I gave a private interview to one lady at her request.

The Priory, Roehampton.

June 27th, 1930.

There have been no changes of any sort amongst the patients at this house since it was last visited by one of my colleagues. I have to-day seen and spoken to all the gentlemen (35) and ladies (46) under supervision here, and have found them to be in receipt of kindly care and attention. There is also one gentleman voluntary boarder.

I found the house in its normal excellent order and most comfortable, and the gardens where many of the ladies were sitting were looking most attractive. There has been no mechanical restraint or seclusion.

I gave private interviews to 3 ladies and one gentleman, whose names I have entered in the patients' book.

Wood End House, Hayes, Middlesex.

October 1st, 1930.

Since July 3rd two ladies have been admitted, 2 discharged and one has died, so that there are now on the books 11 ladies as patients, whom I have seen. There is also one lady in the position of a voluntary boarder, and who may so remain.

The house is in very good order, and the ladies are receiving due care and attention.

The door leading to the maid's bedroom through which as mentioned in the last report—a lady evading a nurse got on to parapet of the house and threw herself to the ground—is now always kept locked.

Most of the ladies are taken for drives, some go for walks, and two attend service at the parish church.

The staff consists of 8 day and 2 night nurses.

Wyke House, Isleworth.

November 29th, 1930.

The only change since the last visit of a Commissioner is the death of one voluntary boarder. There are to-day on the books the names of 17 ladies, two of whom are voluntary boarders, and 14 gentlemen, four of whom are voluntary boarders. I saw them all with the exception of one gentleman, who was away on leave, and one lady who was out for a walk.

All the rooms were warm and comfortable, and on each visit one always finds some improvements in the way of re-decoration and adaptations, which tend to extra comforts for the patients.

I had no complaints, and I am always impressed with the real understanding and sympathy which are shown to the patients and with the care and skill with which they are treated.

APPENDIX F.

ENTRIES BY COMMISSIONERS AT PROVINCIAL LICENSED HOUSES.

Ashbrook Hall, Hollington, St. Leonards-on-Sea.

September 24th, 1930.

One lady has been discharged from certificates and admitted as a voluntary patient since the last visit of a Commissioner and a voluntary patient has left, otherwise the ladies in residence are the same as at the last visit.

I saw every one now in residence, except the voluntary patient, who was out walking at the time of my visit. I found the house in excellent order and the patients in receipt of kindly care and attention. The staff consists of five, one of whom is detailed for night duty.

Ashwood House, Kingswinford.

August 15th, 1930.

Since my visit in February two ladies and one gentleman have been admitted and three ladies have been discharged, so that now there are on the books the names of 17 ladies and 10 gentlemen, and all were in residence and were seen by me to-day. I found them, except in the case of one gentleman who was seriously ill, to be in good health, and all were receiving excellent care and attention. I satisfied myself that those newly-admitted are being properly detained.

Divine service, held on Sundays, is attended by some 12 ladies, and the entertainments by a somewhat larger number. A number of the ladies are usefully employed, and two of the gentlemen occupy themselves in rug-making. The staff consists of 4 male and 6 female nurses for day duty and of one man and two women for night duty. The sister on the female side and one of the men are certificated or registered as mental nurses. The house was in good order throughout.

Bailbrook House, Bath.

November 20th, 1930.

I have to-day visited this house and Brook Villa and have seen all the ladies and gentlemen whose names are on the books. I found the ladies and gentlemen living in most comfortable surroundings, and in receipt of kindly care and attention. There are now 24 ladies and two gentlemen under care here, one of the ladies being a voluntary patient and proper to remain as such. Of the patients and voluntary patients who have come here since the last visit only one lady remains, a certificated patient, who I am glad to say, has much improved.

The house was in all respects in good order, and the widening of the verandah terrace and raising the level to that of the windows of the infirmary ward has now been completed, so that in fine weather the patients can now without difficulty be nursed in bed in the open air. The patients in bed to-day were for the most part elderly ladies, but one, an old lady of 92, deserves special mention. She became unwell in August last, and in September she was found to have a prolapse of the rectum attended by considerable hæmorrhage. The prolapse was reduced, but it was found to be caused by a cancerous growth high up in the rectum. On September 14th a colotomy was performed which the patient stood remarkably well; on September 27th it was found possible to remove the cancer itself under a local anæsthetic, since which time everything has

gone satisfactorily and she is now able to sit up daily for a time. Having regard to the patient's great age the above successful operation speaks well for the medical and nursing resources of the hospital.

Divine Service is held in the hospital every week by the Vicar of the parish, and about 16 ladies are able to attend. Many of the ladies enjoy carriage exercise.

The nursing staff consists of 16 female nurses and 3 male nurses, one of whom is on night duty. Four female nurses are certificated or registered, and 3 have passed the preliminary examination.

There have been no deaths amongst the patients. I am quite satisfied that everything is being done here for the comfort and well being of the patients.

Bishopstone House, Bedford.

September 30th, 1930.

The only change among the lady patients in this house since my colleague's visit in the middle of January last is the admission of one lady as a patient. There are now 8 lady patients and one lady as a boarder residing here. I have seen them all, and found them in receipt of proper care and attention, amidst very comfortable and homelike surroundings.

The house is well maintained. I think the staircase referred to by the Visitors on their visit on May 7th is sufficiently protected on the wall side by the hand rope.

The nursing staff consists of a matron and 4 nurses. I regret to hear of the sudden death to-day of Dr. A. Chillingworth, who has been the medical officer of this house for over 20 years.

I have endorsed the licence which was granted in April last.

Boreatton Park, Baschurch.

November 21st, 1930.

There are, consequent upon changes which have occurred since my visit in April, but 4 ladies and a gentleman on the books and in residence as patients. There are in addition a gentleman and three ladies living here as voluntary boarders. The gentleman is unfit to remain in that position.

I have no doubt that the ladies and gentlemen are kindly and well-treated, but I have pointed out to Dr. Sankey that some redecoration is necessary in some of the bedrooms, and that it would be well to remove one of the ladies to another room; all of which will no doubt receive attention.

The staff consists of three male and 5 female nurses for day and one for night duty.

Brislington House, Bristol.

November 20th, 1930.

At my visit to-day I saw and spoke with all the patients and boarders with one exception, a lady boarder who was absent on leave. I gave particular attention to the newly-admitted patients and boarders. One of the latter, a lady, is not fit to be a voluntary patient, and the relatives have signed a petition for a reception order. Two of the gentlemen patients have greatly improved, one a case of general paralysis following a course of malaria treatment. The patients generally were contented, and except in one or two cases due to obvious delusional ideas no complaints were made. Several patients spoke highly of the treatment they received.

Since the last visit 17 patients have been admitted, 10 have been discharged, of whom 5 had recovered, and three have been transferred elsewhere.

Ten patients have died, all from natural cases. There are to-day in residence 71 patients, and in addition to these there are 13 voluntary patients and one other voluntary patient's name is on the books, but she is absent on leave.

The health of the patients on the whole has been good, no case of zymotic disease is reported, and there is no tuberculosis. The patients are evidently well and carefully nursed as is evident that there have been no bed sores. The total strength of the nursing staff is 38, 8 males and 30 female nurses. Five women nurses are employed in nursing men patients.

Seven patients have full parole and 13 limited parole with the grounds, and 28 patients walk outside attended by nurses.

Brislington House and the auxiliary houses, Heath House and The Beeches, continue to be maintained in excellent order. A good deal of re-decorating and repairs has been done. The kitchens in the main building have been re-modelled.

I can speak in high terms of the care and attention given to the patients and of the comforts provided. There has been no change in the medical staff, which is supplemented when necessary by visiting consultants in medicine and surgery.

Court Hall, Kenton, Exeter.

August 8th, 1930.

I have to-day visited this house and have found it in its usual excellent order and the gardens looking most charming. There are no changes to record amongst the patients, the same 8 ladies being under care here as at the last visit. The patients (7) and one boarder are obviously in receipt of every care and are living in most comfortable conditions.

Fiddington House, Market Lavington, Wilts.

November 19th, 1930.

We have to-day visited this house, and have found it in good order, with comfortable fires burning in all the sitting rooms. We found no one in bed to-day.

We were glad to see that the suggestions made in our last report have been carried out with regard to safety in case of fire in the end corridor. We should like to see a few more books and periodicals and papers available for some of the patients who are able to appreciate them.

We received no complaints from any of the patients, except on the score of detention, and we believe that they are sympathetically and properly cared for.

We are glad to have the opportunity of meeting Dr. Morcom Harneis during the course of our visit.

There are now on the books 6 gentlemen and 24 ladies, of whom one gentleman and 5 ladies are here on a voluntary footing, and may remain so.

There is a small chapel in the house, where Service is held constantly and is attended by such ladies and gentlemen as are able and wish to do so. There have been no deaths.

We paid particular attention to the recently admitted patients and are satisfied that they are properly under care and control.

Glendossill, Henley-in-Arden.

August 14th, 1930.

The changes amongst the patients since my last visit—8 admissions and 5 discharges—bring on the books the names of 10 gentlemen and 24 lady

patients, and these and also one gentleman and 3 lady voluntary boarders are now in residence; and with the exception of 2 gentlemen and one lady boarder were seen by me. I found them all to be in good health and to be receiving proper care and attention. The newly-certified patients are, in my opinion, properly detained and the voluntary boarders may properly remain as such.

Divine Service, which is held on Sundays, is attended by all the ladies and a few gentlemen, and the same number attend the associated entertainments, which take place about once in every month. Parole is allowed to 3 patients beyond the grounds and 3 others have considerable freedom within the grounds.

A number of the ladies occupy themselves with fancy and other work under the instruction of one of the nurses, and I hope this work will receive every encouragement.

The staff consists of 4 male and 5 female nurses, all of whom are on day duty. One of the men and two of the women are certificated or registered as mental nurses, and all the female nurses and one of the men have been in the house for over 5 years.

A good deal of painting and redecorating has been carried out and a carpet has been laid in the room for the better gentlemen, but I hope something more will be done to make this room more comfortable. The house was in good order.

The Grange, Rotherham.

November 12th, 1930.

I have to-day visited this house and in the company of Dr. Mould have inspected all rooms and offices and have seen and spoken to each of the ladies in residence, numbering 14, of whom two are voluntary boarders. I have found the house comfortably warm and well-maintained, cheerfully furnished and in excellent order. I have suggested to Dr. Mould that something might be added to an upstairs dormitory for the ladies of less favourable character, either by pictures or flowers or plants, to make its appearance less bare and unhomely.

I was very pleased to see an excellent occupation room with a loom for weaving and equipment for other handicrafts, of which full advantage is taken by several of the ladies who find these crafts pleasure-giving and interesting. Light therapy has also been introduced and is given to suitable patients under the supervision of Dr. Mould.

I found the patients generally contented, and except for one lady on the second floor in her bed, who wished for her discharge, maintaining she was quite sane, and whose name I have entered in the patients' book, I have received no complaints of any kind. I have found all the patients rightly detained under care and control, and the two voluntary boarders suitable to remain on that footing.

The changes which have taken place since the last visit of one of my colleagues have been as follows:—9 patients have been admitted and 8 have been discharged, 2 of them as recovered, 3 as transfers elsewhere, and 3 as relieved. Four ladies have been received as voluntary boarders, and a like number have left, two patients have died, both from natural causes. One patient has required mechanical restraint on 5 occasions for a total duration of 16 hours, and 3 patients have been secluded on a total of 10 occasions. The staff consists of nine nurses under the matron, of whom 2 are on night duty.

Greta Bank, Burton-in-Lonsdale.

December 17th, 1930.

With the exception of one lady, a voluntary patient, I have seen all the ladies in residence. There are 8 ladies under certificates and two

voluntary patients. All were very comfortable, and the premises generally in good order. Miss Perkin has to assist her two nurses and two maids. Dr. Troughton continues to visit once a fortnight. I have signed the licence.

The Grove, Catton, Norwich.

September 19th, 1930.

Since my colleague visited in January last 2 voluntary boarders have left, and one new voluntary boarder and one new patient have been admitted. There have been no deaths, and except that one lady had an attack of measles, the health of all has been good.

To-day there were on the books the names of 17 patients and 4 boarders. All were in residence and were seen by me, except one boarder, who was out. I found them all to be very comfortable, and to be receiving excellent care and attention; a few of the older patients were in bed, but I saw the others either in their sitting rooms or in the gardens. The newly-admitted patient is in my opinion properly detained, and the boarders are fit to remain on that footing.

All of those who can be are usefully employed in the house or in the garden and all who are able are taken for walks or drives, 8 being allowed parole outside the grounds. Some 10 ladies attend Divine Service.

The staff consists of 3 companions and 9 nurses for day duty, and at night 3 nurses are continuously employed. Seven of the nurses have over 5 years' service, but only one is certificated.

The house was in excellent order throughout, and the patients' rooms were most comfortable and well furnished. The new house which is being built is nearing completion.

The Grove House, Church Stretton.

November 20th, 1930.

This house is well ordered, and the ladies under care are receiving due supervision and attention. Some of the patients were in bed, and evidently being well-nursed, and there are two new admissions, who are rightly detained. The changes which have taken place since the last visit leave 29 ladies on the books, all of whom are in residence and have been seen by me. There are also residing here 4 ladies in the position of voluntary boarders, as to 3 of whom I have made some mention in the patients' book. Two ladies have parole, 10 ladies are taken for drives, and a few go for walks under care.

The staff consists of a matron and 13 nurses, 3 of whom are on night duty, and, whilst one nurse is doubly trained, 3 are certificated in mental nursing.

Haydock Lodge, Newton-le-Willows.

October 24th, 1930.

With one exception, I have seen and spoken with all the patients and boarders resident in this house, and except for some complaints on the score of detention, none raised any difficulties or complained. On the contrary, several patients spoke highly of the care and attention they received. I paid special attention to all the newly-admitted patients, and satisfied myself they were rightly under care. All the patients who declared they were improperly detained, are, in my opinion, still of unsound mind, and not at present fit for discharge. I had private interviews with three gentlemen, and no action is required in any of these cases. One gentleman patient was away on leave of absence, and I did not see him.

Since the last visit, 34 patients have been admitted, 11 have been transferred elsewhere, 11 have been discharged, of whom 7 had recovered. Eleven patients have died. There are now on the books 115 patients, 53 men and 62 women, and in addition to these there are 23 voluntary boarders, 14 men and 9 women. The voluntary boarders all seemed to fully understand their position. Since the last visit two boarders were certified and admitted as patients—and three men and one lady boarder died.

The institution is in good order, and the rooms and dormitories well-appointed and comfortable. A great deal has been done in the way of re-decoration, e.g., the West Wing Hall, the adjoining court-yard, and a large part of the East Wing. The squash racquet court is completed, and in regular use, and is evidently much appreciated by several of the more active patients. It is intended to proceed next with an alteration of the West Wing, and the assistance of the Board's architect has been asked for, especially in relation to a proposed verandah and additional lavatory accommodation.

During my visit, four patients were in bed, and it is evident the general health of the household is good. Since the last visit, two women patients have been mechanically restrained on sixteen occasions, for a total of $29\frac{1}{4}$ hours. There has been no seclusion. There are 34 patients usefully employed, and 14 patients and boarders have full parole beyond the grounds, and 17 go out for drives. There are 24 male and 24 women nurses on the staff, but only one is certificated. Lectures and demonstrations for the nurses are compulsory, but it is disappointing that few, if any, complete their training. In a hospital of this size, it is important that a large proportion of the nursing staff should be certificated, and if the nurses do not properly attend the course of training, it becomes desirable to engage nurses trained elsewhere to take senior posts.

There is a strong visiting staff of consultants, who are called in when occasion arises, as well as a visiting dentist, but I would suggest that the dentist should come regularly and see all newly-admitted patients.

During my visit yesterday, I received every assistance from Dr. Seal and Dr. Watkins, the latter being engaged as *locum tenens*. Unfortunately, I was unable to see Dr. Wootton, who was absent through ill-health. He is expected to return to duty shortly.

Heigham Hall, Norwich.

September 18th, 1930.

Dr. Gordon Munn has now disposed of his interests in this property, and it has been taken over by Major Milne, Dr. Pope and Dr. Small. Dr. Pope has given up his post of resident medical officer, which he had here for the past eleven years, and Dr. Small, who has had experience in several mental hospitals, succeeds him.

Visiting to-day I found that, since the last visit, 5 ladies and 3 gentlemen have been admitted, that one lady has been discharged on recovery, and that two gentlemen have died from natural causes. These changes leave on the books the names of 50 patients, 36 ladies and 14 gentlemen, and with the exception of 3 ladies and one gentleman who were absent on trial, all were in residence. There were also residing in the house 4 ladies and 3 gentlemen on the footing of voluntary boarders. These may remain as such for the present, but I asked for a report on the mental condition of one lady to be sent to my Board in 14 days' time; as unless she improves, she cannot remain on a voluntary footing. There is the name of another lady boarder on the books, but she is at present absent. I saw all in residence, and can report that they are receiving proper care and attention: no one made any complaint as to their treatment, and more than one spoke of the kindness they had received.

I satisfied myself that the newly-certified patients are properly detained.

one of the gentlemen showing much mental improvement. Some 25 patients attend Divine Service held on Sundays, and about the same number are usefully employed, but there do not appear to be any regular associated entertainments.

Two ladies had parole beyond the grounds, and a few others are taken for walks and drives, but I thought there was opportunity to increase freedom from the building to others. I saw a number of books in the patients' rooms, but some were in poor condition and need renewing.

The whole of the outside of the building is now in the painters' hands, and I was glad to hear that much-needed decoration of patients' rooms on both sides of the building will follow on when the present work is finished.

Apart from this the house was in good order, but I had to point out that it is most necessary that all fire escape doors, especially those leading from room to room, should be kept from obstruction.

Kingsdown House, Box.

November 20th, 1930.

I have to-day visited this house and have seen all the ladies whose names are now on the books. There are to-day in residence 29 ladies, of whom 8 are here on a voluntary footing, and may remain so.

I found the house in very good order, and the ladies living under comfortable conditions and in receipt of kindly care and proper medical and nursing attention.

Five ladies are allowed parole outside the grounds. Divine Service is held in the house every week at which about 16 ladies are able to be present. One lady has died since the last visit, her death being due to natural causes. Since the last visit there are remaining here three new cases, one of whom is a boarder, the other two are in my opinion properly under care and control.

The staff consists of a matron and 8 nurses, one of whom is detailed for night duty. The licence was produced to me, and I endorsed it.

Laverstock House, Salisbury.

November 18th, 1930.

There are now on the books at this house 31 gentlemen and 33 ladies, of whom 7 gentlemen and 4 ladies are here on the footing of voluntary patients. At the time of our visit one lady was out walking and one lady is on leave on trial. We saw one lady boarder in bed who only arrived yesterday, she was rather confused and agitated, chiefly about the expense she was being to her friends, we are a little doubtful as to whether she is a suitable person to be a boarder, but we think we may allow her to stay as such for a fortnight, and if she improves and is able to realise her position in that time, she can remain on a voluntary footing, otherwise she must be removed or certified. We gave private interviews to 4 gentlemen and one lady, whose names we have entered in the patients' book.

We found the patients living and being cared for in comfortable surroundings and no patient made any complaint to us except on the score of detention, and in one case on the matter of the management of her money. One of us explained to the latter lady whose money is in the hands of her sister, as receiver, the position.

The house was in very good order, but we do hope that care will be taken to keep all emergency doors and exits absolutely free from any sort of furniture, even though it be a small piece easily moved.

Four gentlemen and 6 ladies are able to attend services in the village church or Cathedral, and 10 gentlemen and 9 ladies attend usually at service held in the house.

Seven gentlemen and 5 ladies have parole outside the grounds and 4 gentlemen and one lady inside the grounds.

On the gentlemen's side 4 female and 6 male nurses are employed by day and 2 male nurses at night. Under the matron on the ladies' side there are 12 nurses, 2 of whom are detailed for night duty.

The house was in very good order, and we believe that the patients are receiving all proper medical and nursing care and kindly attention. We inspected and endorsed the licence.

Littleton Hall, Shenfield.

October 28th, 1930.

During the nine months since my colleague's visit 6 ladies have been admitted as patients and 7 on a voluntary footing. One lady was transferred to other care, and 3 have been discharged on recovery. One lady patient died from natural causes. Seven boarders left, three of them being admitted as certified patients. The number of patients on the books to-day is 19, and of boarders 6. One lady patient is on leave of absence. I have seen all who are in residence and found them in very comfortable and homelike surroundings. They were being properly cared for and receiving skilled nursing where necessary. The newly-admitted patients are properly detained, and the voluntary boarders fit to remain on that footing.

Divine Service is held in the house by the Rector of Shenfield about once a month, and some four ladies go to service at Brentwood Church. I have endorsed the licence which was granted on October 1st.

Malling Place, Maidstone.

September 22nd, 1930.

I have to-day visited this house and have seen all the ladies and the gentlemen whose names are now on the books. The strong room and padded room are now fitted with electric heaters, which, as far as I was able to judge, are quite effective and are properly protected. There is another strong room in the house, and I suggested to Dr. Adam the advisability of installing a similar radiator in this room as well.

I found the house in good order and the sitting rooms comfortably warmed with open fires. Since I was here last one gentleman and three ladies have been admitted, two of the ladies being voluntary patients. One lady has died from natural causes, and two ladies, one of whom was a voluntary patient, have been transferred.

There are now on the books the names of 36 ladies and two gentlemen, of whom 5 ladies and one gentleman are voluntary boarders. One of the lady voluntary patients to-day told me she would like to leave, and I explained to her that she could do so on giving the proper notice, but suggested that she should give the place a little longer trial; the other voluntary patients are proper to remain on that footing.

The new patients are in my opinion properly detained. The staff remains the same numerically as at my last visit. About 18 ladies attend Divine Service held in the house on Sundays.

Four ladies were in bed at the time of my visit, two of them are old and feeble, one was in bed for mental reasons, and one was suffering from a gastric ulcer. All seemed to be in receipt of proper medical and nursing care and attention.

There has been no mechanical restraint or seclusion.

Middleton Hall, Middleton St. George, Co. Durham.

December 4th, 1930.

Having visited this house to-day and seen all the patients in residence, I am pleased to say I have found all the rooms and dormitories very comfortable and in good order, and the patients and voluntary boarders generally contented and in receipt of all proper care and attention.

Since the last visit from my colleagues a little over six months ago the following numerical changes among patients and voluntary boarders have taken place. Four gentlemen and 10 ladies have been admitted as patients, one gentleman has been transferred elsewhere, one gentleman and 6 ladies have been discharged, of whom five ladies had recovered. One gentleman and two ladies have died. These changes leave on the statutory books the names of 10 gentlemen and 35 ladies as patients. Of these one lady is now on leave on trial, and there were thus 44 certified patients in residence to-day.

In addition to these changes 12 gentlemen and 10 ladies have been received on a voluntary boarder footing, and of these 2 gentlemen and 3 ladies have been certified and admitted as patients, and also 8 gentlemen and 6 ladies have left. One lady, a voluntary boarder, has died, and there are thus on the books and still in residence 3 gentlemen and 3 ladies as voluntary boarders.

The general health of the ladies and gentlemen has been good since last visit. There has been no employment of mechanical means of restraint, nor have any required to be secluded.

Six gentlemen and six ladies have parole within, but not beyond the grounds, and the same number walk out attended, whilst 2 gentlemen and 4 ladies are taken for drives.

The nursing staff consists of 8 male and 11 female nurses on day duty, and 2 male and 3 female nurses night duty.

All of the voluntary boarders may suitably remain on that footing.

The Moat House, Tamworth.

August 14th, 1930.

Since my visit in February, one lady has been admitted, but she died shortly afterwards, and so the same five ladies remain in the house, four patients and one voluntary boarder. I saw them all this afternoon, and found them to be in good health and to be receiving all proper care and attention. Three of the ladies go for drives daily, and all go out regularly into the garden.

The staff, under the matron, who showed me round in Dr. Lowson's absence, consists of four nurses for day and one for night duty. Three of the nurses have over three years' service, but none are certificated or registered as mental nurses. The house was in good order.

Northwoods House, Winterbourne, Bristol.

November 20th, 1930.

During my visit this afternoon I saw and spoke with all the patients and boarders in residence. The exception is one lady who is on leave of absence on trial. I found all the patients under comfortable conditions, and no one made any complaint. Two patients were secluded at the time of my visit on account of excitement, and their rooms were comfortable.

Since the last visit 16 patients have been admitted, 2 have been transferred elsewhere, 6 have been discharged, of whom 2 have recovered, and 3 patients have died, all from natural causes. There are now in residence 10 men and 22 women patients, and in addition to these there are 7 male

and 4 female voluntary patients. Since the last visit 9 patients have been secluded for a total of 459 hours.

It is the practice to give a considerable amount of liberty, 12 patients and boarders have full parole, and 17 others parole within the grounds.

Twenty-three attend the Divine Service on Sunday and 30 the associated entertainments. I am satisfied that the patients are skilfully nursed.

It is satisfactory to hear that Dr. Cates has the assistance of a number of consultants in various departments of medicine and surgery. In addition a dentist visits regularly, also a masseuse attends when required and arrangements have been made for a trained occupational therapist to attend twice a week. There is a consulting pathologist. The patients under treatment here therefore have the advantage of expert advice in regard to modern developments of medical science.

No serious accidents are reported, nor has there been any outbreak of epidemic disease.

A great deal is still being done in the direction of repair and redecoration of the premises. At the present time the ladies' east wing is in the hands of the painters. The carriage drive has also been re-made.

The Old Manor, Salisbury.

November 18th, 1930.

We began our inspection of this house, the second of the year, at an early hour yesterday morning, and saw in the course of the day the majority of the ladies and gentlemen now in residence. Those whom we failed to see yesterday we have seen this morning, and have spent the rest of the time in giving private interviews to various ladies and gentlemen who asked for them, sixteen in number.

We paid particular attention to the recently-admitted patients, who, in our opinion, are properly under care and control. With regard to the voluntary patients, 2 gentlemen and 3 ladies are in our opinion unfit to remain on that footing and must either be removed or certified, and 3 ladies must be removed or certified, unless there is an improvement in the course of the next month.

We found the premises very well kept and the patients on the whole very contented and free from complaint. Such complaints as we did receive were obviously the result of disordered minds. In some of the ward gardens the paths badly want gravelling to prevent puddles, and particularly is this the case in the garden of the ward where the most difficult ladies are accommodated. We should like to see an attempt made to brighten this garden and to bring it nearer to the level of the others—it would require time and some teaching of the patients, but we believe, from our experience elsewhere, that it is possible though it may meet with some discouragement at first.

We were glad to see that the number of lockers has been largely increased, a privilege which we are sure is appreciated by the patients. We have suggested to Dr. Martin that the comfort of the ladies and gentlemen in the better wards would be enhanced were the w.c. doors provided with bolts of a pattern now in use in some places, which while giving a feeling of privacy, can be easily opened by an attendant or nurse from the outside. During the course of our inspection we were shown the new dental room, which seems to be admirably fitted for the purpose and is an important addition to the hospital. We wish to emphasize the importance of the necessity for all fire exits being kept entirely free from furniture and being constantly opened to ensure their being available and easily opened in the event of fire.

We visited the arts and crafts room on both sides, and hope that this admirable form of occupation will be extended to the utmost.

We believe that the sick are being properly and kindly nursed and are receiving proper medical attention.

Although of course we received a number of applications for discharge from persons unfitted for it at present, we also received not a few expressions of appreciation and thanks for the kindness shown to the patients by the medical and nursing staff.

There are now on the books the names of 293 men and 254 ladies, of whom 24 men and 38 ladies are voluntary patients. At the time of our visit 9 gentlemen and 9 lady patients were on leave, mostly at Hume Towers, where also are 3 gentlemen and 2 lady boarders.

All the 23 deaths were from natural causes, and no comment is necessary.

There has been one serious casualty in which a lady injured a finger in the joint of a deck chair.

The wireless installation extension has continued, and now practically every ward has its installation—a considerable amount of painting and decoration has taken place, a new cupboard fitted with all the latest instruments for medicine and surgery has been installed and new single rooms are in the course of building at the west end of ward 19.

About 194 patients usually attend Divine Service on Sundays, and about 286 attend the associated entertainments.

About 104 male and female patients have full parole, 140 have parole within the grounds, and 126 walk out attended. About 142 enjoy carriage exercise.

The total staff consists of 37 male and 61 women nurses, seven of whom are employed on the male side. Twelve men and 16 women are certificated or registered as mental nurses, seven men and thirteen women having passed the preliminary examination.

We endorsed the licence. We are glad to report that we were well satisfied with our visit.

Hume Towers, Bournemouth.

May 13th, 1930.

Since the last visit of my colleague, Dr. Gardiner Brown has been succeeded by Dr. Lionel Weatherly as Physician-in-charge, and a considerable number of improvements have been made, including the provision of a billiards table in the library and the conversion of one of the upstairs rooms into a sitting room for a small number of patients, usually five or six, thus permitting a degree of classification which is distinctly advantageous. Many other minor additions have been made, conducing to the greater comfort of the patients, and central heating has been extended to six back rooms.

The gentlemen and ladies in residence to-day number 33 in all, of whom 11 are gentlemen and 22 ladies. Three of the gentlemen and one lady are voluntary boarders.

In the course of my visit I have seen and spoken to all of the ladies and gentlemen in residence, with the exception of a patient out for the day with her friends, and a voluntary boarder who was at a cinema in Southampton and another voluntary boarder out for the afternoon. I have found them all in good health and, with the exception of one lady who pressed for her discharge uncertificated for which she is not fit, quite contented in and appreciative of their surroundings here.

The patients are all rightly detained under care and control, and the voluntary boarders suitable to remain on that footing.

The whole home is most comfortable and the patients in receipt of all proper care and attention and skilled treatment. The staff consists of Miss Popham and four male and seven female nurses.

Periteau House, Winchelsea.

September 24th, 1930.

I have to-day visited this house and found it in good order and comfortable. The only changes that have taken place since I was here in January are that a voluntary patient has left and a new voluntary patient has arrived. The number of ladies in residence, therefore, remains as before, namely, 5.

I have to-day seen and spoken to them all, and am satisfied that they are properly cared for and are made as comfortable and happy as their mental state permits.

The staff consists of two nurses and a daily nurse comes in as required. The new voluntary patient appreciates her position and can properly remain on that footing.

The Pleasaunce, York.

November 14th, 1930.

I have to-day visited this house and having inspected the rooms and offices, have found all in good order. The dining room, referred to by my colleague at his visit some months ago, has been converted into a day room dormitory with advantage to the patients who are confined to bed as they are now wheeled in bed into the garden in suitable weather. Also the gentlemen's side of the house has been redecorated throughout.

The numerical changes which have taken place among the patients have been as follows: 3 ladies have been admitted as patients, one lady has been discharged as recovered, one lady has been transferred elsewhere, and one lady has died. In addition 2 gentlemen and 7 ladies have been received as voluntary boarders, 3 gentlemen and 8 ladies, all voluntary boarders, have left, and 2 lady voluntary boarders have been certified and admitted as patients. There thus remain on the books, and all are there to-day in residence, 8 ladies as patients. There are no voluntary boarders at present. The newly-admitted are rightly detained. I found the ladies comfortable and as contented as their mental condition would allow, and in receipt of all proper care and attention.

None of the patients is permitted parole outside the grounds, but one has parole within the estate, 5 walk out attended and a like number are taken for drives, usually once monthly. Three ladies attend Divine Service on Sundays, and the same ladies visit the theatre and cinema occasionally. During my visit I was accompanied by Dr. Baugh and the matron, who has under her a staff of 3 nurses, of whom one is on duty by night. I have endorsed the licence.

Plympton House, Plympton.

August 9th, 1930.

I have to-day visited this house and have seen all the ladies and gentlemen whose names are now on the books, with the exception of one gentleman who was away on trial and one gentleman who was out on parole. I found the house in excellent order and the patients happy and contented and in receipt of kindly care and attention; I received no complaint of any sort from any one.

Since the last visit 6 gentlemen and 3 ladies have been admitted, 3 gentlemen and one lady have been transferred to other care, and 2 ladies have been discharged, of whom one had recovered. There have been no deaths. There are now on the books the names of 8 gentlemen and 11 ladies. The new cases whom I saw are, in my opinion, properly detained, but the gentleman out on parole, who is a newly-admitted case, I did not see.

Four gentlemen and 4 ladies usually attend Divine Service in the house on Sundays and 2 gentlemen and 3 ladies are able to go to the Parish Church.

The nursing staff consists of 11, 3 men and 5 women being on duty by day and one man and 2 women by night. I was glad to hear that my colleague's suggestion has been adopted, and that a trained and registered mental nurse has been added to the staff.

The Retreat, Fairford, Glos.

August 21st, 1930.

Since my visit in January one gentleman and six ladies have been admitted; one of each sex has been discharged, the gentleman on recovery; and three gentlemen and two ladies have died from natural causes.

These changes leave in the house 14 gentlemen and 29 ladies as patients, and 4 gentlemen and 2 ladies as voluntary boarders, all of whom I have seen to-day.

I found all to be comfortable and to be receiving all proper care and attention. I satisfied myself that the recently admitted patients are properly detained, and was glad to see that two of the new ladies have already shown much mental improvement. The voluntary boarders may remain as such, but one of the gentlemen, whose name is mentioned in the patients' book, will have to be dealt with otherwise unless he shows improvement in a short time.

Divine Service held once a week in the house is attended by some 24 patients, and 8 patients go out to Service in the neighbouring Church. The majority of the patients are taken for drives in turn, and are also allowed considerable freedom to walk about the grounds. Some 24 go for walks attended by members of the staff.

The improvements carried out include the erection of a porch on the ladies' side, and the provision of a partition between the w.c.'s in the gentlemen's outside lavatory. The cloth of the billiard table is in a poor state of repair and needs renewing. The house throughout was in good order.

The nursing staff consists of 3 male and 6 female nurses for day, and of 2 female nurses for night duty. One of the men and two of the women have over 5 years' service, but none are certificated in either mental or hospital nursing, though some have had considerable experience of the former.

One gentleman has been restrained by mechanical means for one and a quarter hours to prevent self mutilation.

St. George's Retreat, Burgess Hill.

December 16th, 1930.

The numerical changes that have occurred since my colleague's visit in April last leave on the books the names of 69 ladies as certified patients, and 4 ladies as voluntary patients, a total of 73. The house is licensed for 75 ladies, so there are at present two vacancies. There are two ladies on leave from the main building, one being in the Convent Infirmary and the other at St. Mary's on the estate. I have seen all the ladies including those on leave, and have found them in receipt of proper care and attention.

The newly admitted cases are in my opinion rightly detained, and those on a voluntary footing proper subjects to remain as such. There have been six deaths since the last visit of my colleague, all from natural causes. The general health of the establishment is very good: those ladies whom I found in bed were there for rest, or on account of their mental state. The rooms occupied by the ladies, and all other parts of the house, are kept in most admirable order. A new entrance door is being made at

the back of the house, and the passage leading therefrom has been very nicely panelled in oak.

Fifty-three of the ladies usually attend Divine Service and 57 attend the entertainments. Three ladies have parole in the grounds, and some fifty go out attended.

The nursing staff consists of forty-one Sisters of whom three are on night duty. Two of the Sisters are trained in general hospital work. I have endorsed the licence which was granted at the East Sussex Quarter Sessions in June last. I have had the advantage of being accompanied on my visit by Dr. Pennefather and the Mother Superior, Sister Mary Gertrude.

Shaftesbury House, Formby.

December 12th, 1930.

At my visit to-day I have seen and spoken to all the patients in residence. There are on the books 8 male and 27 female certified patients and 2 male and 2 female voluntary boarders. I gave special attention to the nine certified patients admitted since the last visit of one of my colleagues on February 15th, and am satisfied that they are rightly under care; one lady is very much better. Three patients, one gentleman and two ladies, have died. Two ladies have been secluded for a total period of one and a half hours. Fourteen patients attend Divine Service on Sundays, and a like number are usefully employed. Eleven patients go out for drives, and 12 attend the associated entertainments. There is a total of 17 nurses on the staff, consisting of 3 male nurses and 10 female nurses for day duty, and one male and 3 females for night duty, but only one is certificated or registered in mental nursing. I was sorry to hear that recently Miss Chase, the matron, fell and fractured her leg. One male nurse has been dismissed for unsatisfactory conduct, which, however, was unconnected with the patients.

The new verandah with vita glass has been completed and will prove of great assistance in nursing. Before the summer comes it will be desirable to fix a ventilator on the wall behind high up, as in sunny weather it may easily become too hot inside. Alterations in the garden adjoining are in progress, which will do much to brighten the outlook. In the recreation hall new electric light has been provided, also new stage curtains and foot-lights. Several departments have been re-decorated, and the premises generally are kept in good order.

During my visit two patients made accusations of ill-treatment by nurses. These I investigated, and had interviews with five patients other than those involved, and with four nurses. Four patients spoke in high terms of the nurses and said they were treated kindly, and all those had been in the department in which the alleged unkindness had occurred. I find that the facts had been reported by the nurse, and that Dr. Tisdall had made a careful enquiry at the time. I am satisfied that both accusations are altogether unfounded.

The Silver Birches, Epsom.

December 9th, 1930.

Since the last visit one lady has been admitted from other care, and, as there have been no other changes amongst the patients, there are now 11 ladies in residence. With the exception of one lady who is failing somewhat in health they are all well, and I was satisfied that they are receiving all proper care and attention. The newly-admitted lady, who is properly detained and with certificates, will be transferred elsewhere before long.

It has been necessary to use restraint by means of a linen jacket in the case of two ladies for short periods on several occasions.

The house was in good order and the patients' rooms were comfortable and well-warmed. I signed the licence.

Springfield House, Bedford.

September 30th, 1930.

Since my colleague's visit in the middle of last January, 3 gentlemen and 8 ladies have been admitted as patients, 3 of each sex as voluntary boarders, 4 gentlemen and 3 lady patients have been transferred to other care, and one lady patient has been discharged. One gentleman patient has died from natural causes, four gentlemen and 7 ladies who were on the footing of boarders have left, two of each sex being certified and admitted as patients.

These changes leave on the books the names of 14 gentlemen and 27 ladies as patients, and of one lady as a boarder. All were in at the time of my visit and were seen and spoken to by me. I found them in receipt of proper care and attention amid comfortable and homelike surroundings. Apart from one or two appeals for discharge I received no complaints.

The general health of the establishment is, and has been, good throughout the year. There has been no use of either mechanical restraint or seclusion. One elderly lady suffered a fracture of the left ulna, which has now healed satisfactorily. The cause could not be ascertained.

Divine Service is held by the Vicar of the parish on Sunday afternoons, when 9 gentlemen and 20 ladies are usually present. About the same number attend the associated entertainments held in the winter months. Parole is given to two ladies to go beyond the grounds, and some 5 of each sex have that privilege in the grounds. Drives in motor cars are given to 4 gentlemen and 15 ladies.

I found the house maintained in very good order; a good deal of redecoration has been carried out and some is now in progress on the ladies' side. On the gentlemen's side some improved sanitary conveniences have been provided.

The nursing staff consists of 6 male and 10 female nurses for day duty and of one male and 3 female nurses for night duty. I have had the advantage of being accompanied by Dr. Bower during my visit.

Stretton House, Church Stretton.

November 20th, 1930.

At my visit to this house to-day, I found everything in capital order and the patients in receipt of suitable care and supervision. Those able to converse and express themselves intelligently were evidently pleased with their surroundings and the attention they were receiving.

Consequent upon the changes which have taken place there are 18 gentlemen on the books, including one new admission, who is rightly detained. There are also 5 gentlemen residing here as voluntary boarders, who are suitable for that position. Two gentlemen have parole. I found four gentlemen confined to bed, who appeared to be receiving suitable care and nursing.

The staff consists of a matron and 11 male nurses, 3 of whom are on night duty.

Ticehurst House, Ticehurst.

November 24th, 1930.

I have to-day paid the second visit of the year on behalf of the Board to this house, and to "Ridgeway" and "Broomden," in both of which latter

houses there were patients on leave. I have found the house and villa in excellent order and very comfortable. In the course of my tour I have seen all of the patients in residence to-day and was struck by their general contentment and the manifest good relations which subsist between the patients and the nursing staff.

I gave particular attention to the newly-admitted all of whom are rightly detained under care and control. I gave private interviews to two gentlemen, whose names I have entered in the patients' book, and in neither did I find any cause for official action.

Since the last visit of one of my colleagues 5 gentlemen and 3 ladies have been admitted as patients; 2 gentlemen have been transferred elsewhere, and 2 gentlemen have been discharged. The changes among the patients leave the names of 42 gentlemen and 45 ladies on the books, of whom 11 of the gentlemen and 6 of the ladies are absent on leave or trial. Two of the gentlemen on leave are at the "Ridgeway" and were seen by me there, and one lady at "Broomden" I visited also. There are thus in residence at Ticehurst House 32 gentlemen and 39 ladies as patients, all of whom I have seen and spoken to.

In addition to the foregoing changes 2 gentlemen and 2 ladies have been received as voluntary boarders during the same period, and 2 gentlemen and 2 ladies, all voluntary boarders, have left. There are thus to-day in residence 3 ladies and one gentleman on a voluntary footing, and I am satisfied that all may properly remain on that footing in the meantime. The general health has been good since last visit, and there have been no deaths, nor any casualty whatever.

The nursing staff under the lady superintendents and head attendant is composed of 36 male and 45 female nurses by day and 7 male and 14 female nurses by night.

Dr. McDowall kindly accompanied me throughout my visit, and continues to have the assistance of Dr. Gerrard.

West Cliffe, St. Leonards-on-Sea.

January 28th, 1930.

I have to-day visited this branch and have found everything in very good order. There are at present seven gentlemen and six ladies in residence, but 2 gentlemen and 3 ladies were out walking and at the cinema, at the time of my visit. The ladies and gentlemen whom I saw seemed very comfortable, and I am sure are well looked after.

Tue Brook Villa, Liverpool.

December 13th, 1930.

With the exception of two gentlemen voluntary patients who were out for the day, I saw during my visit all the certified and voluntary patients in residence. There are on the books 23 male and 13 female patients under certificates, and 4 male and 4 female voluntary patients. I gave special attention to all the patients now in residence admitted since the last visit of one of my colleagues on February 15th last, and am satisfied they are rightly under care. Two of the ladies are, however, greatly improved, one will be leaving shortly and the other appears to be convalescing satisfactorily. The voluntary patients that I saw may suitably remain in that capacity.

Two patients have died, both from natural causes. There have been no serious casualties and no inquests. One patient has been secluded since the last visit on one occasion for $1\frac{3}{4}$ hours.

Twenty-seven patients attend Divine Service, and a like number the associated entertainments. It is reported that 26 are usefully employed.

There are 9 male nurses on duty on the male side, and 9 women on the

female side, but none of them are certificated or registered. It appears to me desirable that certificated nurses should be on the staff, and I suggest that when vacancies occur at least one nurse of each sex holding a certificate of proficiency in mental nursing should be engaged.

The institution is in good order and a good deal of redecoration has been done. The large dining hall in particular is attractive with the excellent water colours on the walls.

I am informed that some rearrangement of the gardens is being contemplated, and it certainly would be advantageous if another garden could be set apart for quiet and convalescent women patients. The existing gardens would be improved with wider and larger perennial flower borders.

Improved washing facilities and a new bath have been provided on the men's side.

Except on the score of detention there were no complaints, and the patients during my visit were quiet, and I am satisfied they are well-cared for and properly nursed.

Wye House, Buxton.

November 12th, 1930.

Since my visit to this house at the end of February two gentlemen and two ladies have been admitted as patients, and one gentleman and two ladies on a voluntary footing. One of each sex has been discharged, the lady on recovery, and one gentleman and three ladies have died, all from natural causes. There are to-day on the books the names of 11 gentlemen and 8 ladies as certified patients, and of 2 gentlemen and one lady as voluntary patients. All are in residence here to-day, and have been seen by me. The newly-admitted patients are rightly detained, and those on a voluntary footing, proper subjects to remain as such. I found the gentlemen and ladies in receipt of proper care and attention.

Since my last visit the electric light has been installed throughout the house, and is a great improvement. The redecoration of the rooms which was postponed till the wiring was finished, will soon be put in hand.

Dr. Horton's daughter, Dr. Phyllis M. Horton, is now resident as a medical officer.

Divine Service is held in the house once a month, on the 2nd Sunday in the month, by Canon Scott Moncrieff.

The staff consists of head attendant and 5 men on the gentlemen's side, and of the matron and 5 nurses on the ladies' side. I regret to hear of the death of Mr. Duncan Macrae, the late head attendant, who had been in the service of this house for over 50 years.

APPENDIX G.

ENTRY BY COMMISSIONER AT THE MAUDSLEY HOSPITAL.

(An institution maintained by the London County Council for the reception of Voluntary patients.)

June 27th, 1930.

Having to-day visited this hospital, I am able to say that I have found it throughout in excellent order. A certain number of minor improvements and additions have been made since the visit of my colleagues last December, including the provision of double casement windows in the Out-patients' department, additional lighting in wards 3 and 6; an additional bath-room in the nurses' home, whilst others, of which the enclosing and alterations to verandahs of wards 1 and 4 are the principal, are in progress.

A new villa for patients of the more restless type is proposed.

Since my colleagues' visit the following numerical changes among the resident patients have occurred:—

						Males.	Females.	Total.
Admitted	-	-	-	-	-	159	188	347
Discharged	-	-	-	-	-	149	181	330
Died	-	-	-	-	-	9	8	17

These changes leave on the books the names of 64 male and 103 female patients, and, all, with the exception of one female patient who is under treatment at King's College hospital, were in residence at the time of my visit. The total accommodation of the hospital is for 71 male and 106 female patients, so there was only vacant accommodation to-day for 7 male and 4 female patients.

The general health appears to have been good during the period under review, and the only occurrence of infectious disease has been one case of dysentery on the female side last December. Of the 17 deaths all were due to natural causes, except that in one case, a female patient, in which a coroner's inquest was held. The cause of the death of this patient was heart failure, with intestinal toxæmia accelerated by shock from fracture of femur caused by an accidental fall. The cause of death in none of the others calls for particular mention.

The mortality rate for the year ended December 31st, 1929, was 7 per cent. for the males and 2·9 per cent. for the females, or 5·22 per cent. for the combined sexes, calculated on the average number daily resident during the year.

There has been no employment of mechanical means of restraint.

To the foregoing statistical notes in respect of the resident patients treated since my colleagues' visit, may be added the following figures as to the patients treated in the important Out-patient department at this hospital:—

Since December 9th, 1929, when there were on the books the names of 131 male and 202 female patients, or 333 in all,

339 male and 451 female patients or 790 in all have been added.

73 male and 135 female patients, or 208, are still attending.

During the same period 48 males and 50 females who were attending the Out-patient department were admitted to the hospital as in-patients.

Before making a tour of the wards, dormitories and gardens for the resident patients I visited the Out-patient department, and was favourably impressed by its organisation and methods.

In the course of my visit I saw, to the best of my belief, all of the patients in residence, and found them in receipt of all proper care and attention, most comfortable, and entirely free from complaint of any kind. In the absence on holiday of Dr. Golla my visit to the pathological

laboratory was brief, but I learned of several researches which are in progress, and others which have been completed of great interest and value.

I was accompanied by Dr. Mapother in the morning, and by his deputy, Dr. Harris, in the afternoon, and also at their respective wards and posts the remaining members of the medical staff, who remain unchanged since last visit, with the addition of Dr. Neustatter in the Out-patient department. Dr. Moodie was still away on special leave. An additional lady almoner has been authorised but not yet appointed.

The present staff of nurses under the matron consists of 6 sisters, 18 nursing sisters, 5 male and 6 female staff nurses, 7 male and 22 female probationers, and 2 female masseuses. Of the total women nurses 12 are employed on the male side. Seven male and 30 female nurses are certificated or registered as mental nurses, and 2 male and 4 female nurses have passed the preliminary examination.

Hereford C. and Hereford B.	...	Burghill, Hereford	...	J. G. Smith, M.D.	...	F. Goldingay, The Mental Hospital.
Herts	...	Hill End, St. Albans	...	W. J. T. Kimber, L.R.C.P., D.P.M.	...	P. E. Longmore, Clerk of the Peace, Hertford.
Kent and Gravesend B.	...	Barming Heath, Maidstone	...	A. C. Hancock, M.C., M.B., D.P.M.	...	H. J. Bracher, * 44, Earl Street, Maidstone.
"	...	Chartham, Canterbury	...	Lt.-Col. M. A. Collins, O.B.E., M.D.	...	J. G. Pembroke, * Burgate Street, Canterbury.
Lancaster C., all the County Boroughs and Stockport C.B. (part).	...	Lancaster Moor	...	R. P. Sephton, L.R.C.P.	...	Allan Sewart, 49, North Road, Lancaster.
"	"	Rainhill, Lancs.	...	E. F. Reeve, M.B.	...	T. Garner, 49, Corporation Street, St. Helens.
"	"	Prestwich, Manchester	...	D. Blair, M.D.	...	Sir Geo. Etherton, County Offices, Preston.
"	"	Whittingham, Preston	...	A. R. Grant, M.D.	...	L. Cotman, 8, Lune Street, Preston.
"	"	Winwick, Warrington	...	F. M. Rodgers, O.B.E., M.D., D.P.H.	...	P. I. Dutton, M.B.E., The Mental Hospital.
Leicester C. and Rutland	...	Narborough, Leicester	...	K. K. Drury, M.C., M.D.	...	W. J. Freer, 10, New Street, Leicester.
Lincoln (Lindsey and Holland), Grimsby C.B. and Lincoln C.B.	...	Bracebridge, Lincoln	...	J. Macarthur, L.R.C.P., D.P.M.	...	H. E. Page, Bank Street, Lincoln.
"	...	Sleaford	...	N. K. Henderson, M.B., LL.B.	...	A. D. Piper, County Offices, Sleaford.
London C.	...	Banstead Downs, Sutton	...	A. A. W. Petrie, M.D., F.R.C.P., F.R.C.S.E., D.P.M.	...	R. H. Curtis, Chief Officer, Mental Hospitals Dept., Artillery House, Artillery Row, Victoria Street, S.W.1.
"	...	Bexley, Kent	...	Geoffrey Clarke, M.D.	...	Ditto ditto.
"	...	Cane Hill, Coulsdon, Surrey	...	G. A. Lilly, M.C., M.D., D.P.M.	...	Ditto ditto.
"	...	Claybury, Woodford Bridge, Woodford Green.	...	Guy F. Barham, M.D.	...	Ditto ditto.
"	...	Colney Hatch, New Southgate, N.11	...	John Brander, M.D., M.R.C.P., D.P.M.	...	Ditto ditto.
"	...	Ewell Colony, Epsom	...	L. H. Wootton, M.C., M.B., D.P.M.	...	Ditto ditto.
"	...	Hanwell, Southall, Middlesex	...	A. W. Daniel, M.D.	...	Ditto ditto.
"	...	Horton, Epsom	...	D. Ogilvy, M.D.	...	Ditto ditto.
"	...	Long Grove, Epsom	...	N. Roberts, O.B.E., M.D., D.P.M.	...	Ditto ditto.
"	...	West Park, Epsom	...	Reginald Worth, O.B.E., M.B.	...	Ditto ditto.
Middlesex	...	Springfield, Beechcroft Road, Tooting, S.W.17	...	A. O'Neill, O.B.E., L.R.C.P.	...	H. S. Freeman, † Clarence Street, Staines.
"	...	Napsbury, St. Albans	...	N. R. Phillips, M.D.	...	E. S. W. Hart, † Guildhall, Westminster, S.W.1.
Monmouth	...	Abergavenny	...	O. G. Connell, M.C., L.R.C.P.	...	R. W. Powell, The Mental Hospital.
Norfolk	...	Thorpe, Norwich	...	F. J. Stuart, O.B.E., L.R.C.P.	...	J. Middleton, M.B.E., The Mental Hospital
Northampton C.	...	Berrywood, Northampton	...	G. R. East, M.D.	...	C. A. Markham, 1, Guildhall Road, Northampton.
Northumberland and Tynemouth C.B.	...	Cottingham, Morpeth	...	H. C. Waldo, L.R.C.P.	...	Henry D. Irwin, 54, New Bridge Street, Newcastle-upon-Tyne.
Notts C.	...	Radcliffe-on-Trent, Nottingham	...		...	J. F. Gell, The Mental Hospital.

* Clerks to the respective Sub-Committees. Clerk to the Kent Mental Hospitals Committee: H. J. Bracher. † Clerks to the respective Sub-Committees. Clerk to the Middlesex Mental Hospitals Committee: H. S. Freeman.

COUNTY AND BOROUGH MENTAL HOSPITALS--continued

[illegible]

Brighton ...	...	...	...	Haywards Heath, Sussex	G. H. Harper-Smith, M.D.	...	Jas. H. Rothwell, C.B.E., Town Hall, Brighton.
Bristol ...	...	...	...	Fishponds, Bristol	E. B. C. White, L.R.C.P.	...	J. Green, The Council House, Bristol.
Canterbury	...	...	...	St. Martin's Hill, Canterbury	E. F. Sall, L.R.C.P.	...	R. H. Wanklyn, Town Hall, Canterbury.
Cardiff ...	...	...	...	Whitechurch, Glamorgan	P. K. McCowan, M.D., D.P.M.	M.R.C.P.	C. G. Brown, Town Clerk's Office, Cardiff.
Croydon ...	...	...	...	Warlingham, Surrey	H. M. Berncastle, L.R.C.P.	...	J. M. Newnham, Town Hall, Croydon.
Derby ...	...	...	...	Rowditch, Derby	John Bain, M.B.	...	G. T. Lee, Town Hall, Derby.
Exeter ...	...	...	...	Digbys, Topsham	D. McK. Reid, M.D., F.R.F.P.S.	...	C. J. Newman, Town Clerk's Office, Exeter.
Gateshead	...	...	...	Stannington, Newcastle-upon-Tyne.	H. E. Brown, M.B., D.P.M.	...	J. W. Porter, Town Hall, Gateshead.
Hull ...	...	...	...	De la Pole, Willerby, Hull	J. S. Anderson, L.R.C.P.	...	J. R. H. Roberts, Guildhall, Hull.
Ipswich ...	...	...	...	Ipswich	P. Banbury, L.R.C.P., D.P.M.	...	A. Moffat, Town Hall, Ipswich.
Leicester ...	...	...	...	Humberstone, Leicester	Lt.-Col. J. F. Dixon, M.D.	...	H. A. Pritchard, Town Hall, Leicester.
London (City of)	...	...	...	Stone, Dartford	W. Robinson, M.D., D.P.M.	...	L. T. Feldon, 5, Church Passage, Guildhall, E.C. 2.
Middlesbrough	...	...	...	Cleveland, Middlesbrough	H. G. Drake-Brockman, L.R.C.P.	...	Preston Kitchen, Town Clerk's Office, Middlesbrough.
Newcastle-upon-Tyne	...	...	...	Gosforth, Newcastle-upon-Tyne.	H. D. MacPhail, O.B.E., M.D.	...	A. M. Oliver, Town Clerk's Office, Newcastle-upon-Tyne.
Newport ...	...	...	...	Caerleon, Mon.	M. R. Mackay, M.C., M.B.	...	O. T. Morgan, Town Clerk's Office, Newport, Mon.
Norwich ...	...	...	...	Hellesdon, Norwich	David Rice, M.D., D.P.H.	...	Noel B. Rudd, Guildhall, Norwich.
Nottingham	...	...	...	Mapperley Hill, Nottingham	G. L. Brunton, M.D.	...	W. J. Board, Guildhall, Nottingham.
Plymouth	...	...	...	Blackadon, Ivybridge	E. G. T. Poynder, L.R.C.P., D.P.M.	...	R. J. Fittall, Town Clerk's Office, Plymouth.
Portsmouth	...	...	...	Milton, Portsmouth	T. Beaton, O.B.E., M.D., F.R.C.P.	...	F. J. Sparks, Guildhall, Portsmouth.
Sunderland	...	...	...	Ryhope, Co. Durham	M. A. Archdale, M.B., D.P.M.	...	H. Craven, Town Hall, Sunderland.
West Ham	...	...	...	Goodmayes, Ilford, Essex	J. H. Cuthbert, M.B., D.P.M.	...	C. E. Cranfield, Town Hall, West Ham, E.15.
York ...	...	...	...	Fulford, York	R. A. Hooper, M.B.	...	P. J. Spalding, Guildhall, York.

* Clerks to the respective Sub-Committees. Clerk to Somerset and Bath Mental Hospitals Committee: A. W. Caley.

† For private patients only.

‡ Also Medical Director of the Birmingham Mental Hospital, which comprises Winson Green Division and Rubery Hill with Hollymoor Division.

HOSPITALS.

COUNTY.	HOSPITALS.	MEDICAL SUPERINTENDENTS.
Chester	Manchester Royal Hospital, Cheadle.	J. A. C. Roy. M.B.
Devon	Wonford House, Exeter ...	H. W. Eddison, M.D., D.P.M.
Gloucester ...	Barnwood House, Gloucester ...	A. A. D. Townsend, M.D.
Kent	Bethlem Royal Hospital, Eden Park, Beckenham.	J. G. Porter Phillips, M.D., F.R.C.P.
Lincoln	The Lawn, Lincoln	Mary R. Barkas, M.D., D.P.M.
Norfolk	Bethel Hospital, Norwich ...	S. J. Fielding, M.B.
Northampton ...	St. Andrew's Hospital, North- ampton.	D. F. Rambaut, M.D.
Notts	The Coppice, Nottingham ...	D. Hunter, M.B.
Oxford	The Warneford, Headington Hill, Oxford	A. W. Neill, M.D.
Stafford	Coton Hill Hospital, Stafford	R. Macdonald, O.B.E., M.D., D.P.M.
Surrey	Holloway Sanatorium, St. Ann's Heath, Virginia Water.	H. Devine, O.B.E., M.D., F.R.C.P.
York City (N.R.)	Bootham Park, York	G. R. Jeffrey, M.D., F.R.C.P.E.
„ „ (E.R.)	The Retreat, York	Neil Macleod, M.D., D.P.M.
MILITARY AND NAVAL HOSPITALS :		
Hants	Royal Military Hospital, Netley, Southampton	Maj. H. Gall, L.R.C.P.
Norfolk	Royal Naval Hospital, Yar- mouth.	Surgeon-Commander F. L. H. McDowel, R.N., L.R.C.P. & S.
CRIMINAL ASYLUM :		
Berks	State Criminal Asylum, Broad- moor, Crowthorne.	H. P. Foulerton, L.R.C.P., D.P.H.

METROPOLITAN LICENSED HOUSES.

of the Board of Control.

377

HOUSES.		Number of Patients for which Licensed.			TO WHOM LICENSED.
		M.	F.	Total.	
(a) For both Sexes :					
Camberwell, S.E. 5	Colonel R. H. W. Cardiff, Captain J. A. E. Drury-Lowe, and H. J. Norman, M.B., D.P.H.
Clapton, Upper, E. 5	G. H. Johnston, L.R.C.P., H. E. Monro and E. E. Rollins, M.B.
Finsbury Park, N. 4	A. H. Stocker, H. G. Stocker, and F. Dillon, M.D.
Hayes, Uxbridge	H. F. Stilwell, L.R.C.P., and Mrs. M. E. Stilwell.
Hillingdon, Uxbridge	R. J. Stilwell, L.R.C.P., and G. W. B. James, M.C., M.D., D.P.M.
Isleworth	G. W. Smith, O.B.E., M.B., Mrs. S. R. M. Smith, M.B., and Miss A. G. Hobbs.
Peckham, S.E. 15	A. H. Stocker, H. G. Stocker, and F. R. King, L.R.C.P.
Pinner, Middlesex	W. J. Coyne, M.D., D. I. O. Macaulay, M.D., D.P.M., and Miss H. E. Ash.
Roehampton, S.W. 15	G. B. Postlethwaite, Lieut.-Col. D. E. Wood, and J. Chambers, M.D.
Shepperton...	Capt. H. O. S. Ellis, Lt.-Col. H. Dickenson, W. J. H. Haslett, L.R.C.P., Miss A. E. Bartlett and A. Holman.
Tooting Common, S.W. 17	J. N. Sergeant, M.B., Mrs. M. D. K. Margetts, Mrs. H. S. Sergeant, Miss M. F. Simms-Reeve, and Miss E. Reid.
(b) Males only :					
Beckenham Lane, Catford, S.E. 6.	Col. W. H. F. à Beckett, Mrs. Enid à Beckett, W. F. Umney, M.D., D.P.M., and C. R. Menzies.

(a) Not more than 20 male and 35 female rate-aided patients.
 * Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Temporary Patients.

METROPOLITAN LICENSED HOUSES—continued.

HOUSES.	Number of Patients for which Licensed.			TO WHOM LICENSED.
	M.	F.	Total.	
(c) Females only : Clapham Park, S.W. 4 ...	—	12	q. 12	J. A. Thwaites, Miss L. E. Thwaites, and Miss L. M. Thwaites.
Hayes, Uxbridge ...	—	14	14	H. F. Stilwell, L.R.C.P., and R. J. Stilwell, L.R.C.P.
„ „ ...	—	19	19	R. J. Stilwell, L.R.C.P., Miss R. Cheek, and G. W. B. James, M.C., M.D., D.P.M.
Hendon, N.W. ...	—	14	14	H. R. S. Walford, L.R.C.P., Mrs. Walford, and A. C. Loader.
Streatham Hill, S.W. 2 ...	—	30	30	E. W. White, C.B.E., M.B., M.R.C.P., Mrs. H. White, and J. H. Earls, M.D.
Sydenham, S.E. 26 ...	—	30	30	Capt. F. H. Little, Miss E. B. Brodie, and Mrs. M. A. H. Little.
Sydenham Hill, S.E. ...	—	10	10	W. L. Bailey and Mrs. L. M. Robinson.

q. Limited to quiet and harmless cases.

* Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Temporary Patients.

PROVINCIAL LICENSED HOUSES.

of the Board of Control.

379

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Beds [Bedford Borough]	Bishopstone House, Bedford	Mrs. Beatrice Peele, Miss B. C. Peele, Mrs. D. M. Sutton, Miss F. Gibbons, Miss D. Palmer, and Miss A. George.	—	10	10	G. J. M. Whyley, Bedford.	H. M. Coombs, M.B.
Beds ...	*Springfield House, Bedford	Mrs. M. L. Bower, C. W. Bower, L.M.S.A., Mrs. M. A. E. Bower, and Miss G. E. P. Hookey.	Not more than 24	34	48	J. B. Graham, ditto	E. C. Sharpin, L.R.C.P.
Derby ...	*Wye House, Buxton ...	W. W. Horton, M.D., Mrs. I. C. Dickson, and Miss J. M. Dickson.	22	22	44	W. B. Bunting, Chapel-en-le-Frith.	W. Shipton, M.D.
Devon ...	*Court Hall, Kenton, Exeter	Miss B. M. Mules, M.D., and Miss A. S. Mules, L.R.C.P.	—	8	8	F. A. Pearce, Exeter	L. P. Black, M.B., D.P.H.
" ...	*Plympton House, Plympton.	J. C. Nixon, M.B.	18	26	44	R. B. Johns, Plymouth	E. L. Fox, M.D.
Durham ...	*Middleton Hall, Middleton St. George.	R. H. O. Garbutt, L.R.C.P., T. C. Barkas, O.B.E., M.B., and J. W. Astley-Cooper, L.R.C.P.	25	40	65	G. H. Watson, Darlington	T. Beattie, M.D., F.R.C.P.
Essex ...	*Littleton Hall, Shenfield, Brentwood.	Miss M. G. E. Wilson, H. G. L. Haynes, L.R.C.P., and Mrs. M. Haynes.	—	25	25	H. F. Bawtree, Witham	R. W. Quennell, O.B.E., L.R.C.P.
Gloucester ...	*Northwoods, Winterbourne, Bristol.	J. D. Thomas, M.B., H. J. Cates, M.D., and Mrs. R. Cates.	—	—	(a) 50	L. M. Harris, 65, Stokes Croft, Bristol.	{ J.R. Charles, M.D., F.R.C.P., and J. V. Blachford, C.B.E., M.B.
" ...	*The Retreat, Fairford	A. C. King-Turner, M.B., C. J. King-Turner, and Miss E. King-Turner.	—	—	(b) 50	Robert W. Ellett, Cirencester.	D. G. Cossam, M.B.

(a) Not more than 30 females.

(b) Not more than 25 males.
 * Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Temporary Patients.

PROVINCIAL LICENSED HOUSES—continued.

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Kent -	*Malling Place, West Malling, Kent.	G. H. Adam, L.R.C.P., and H. Gray, L.R.C.P.	18	21	(a) 39	C. E. Warner, Tonbridge	{ E. S. Cardell, L.R.C.P. Hy. A. Andrews, L.R.C.P.
Lancaster -	*Haydock Lodge, Ashton, Newton-le-Willows.	C. T. Street, L.R.C.P., Mrs. Mabel R. Street, J. C. Wootton, M.C., L.R.C.P., Mrs. M. Wootton, Mrs. E. Mould, and F. M. Seal, M.B.	Not more than 80	90	150	H. Hatton, Warrington	H. Langdale, M.D.
" [Liverpool City].	*Tue Brook Villa, Liverpool	F. E. Ingall, F.R.C.S., J. J. Tisdall, L.R.C.P., C. J. Tisdall, M.B., J. M. Moyes, M.B., and Mrs. A. E. B. Moyes.	Not more than 38	26	52	C. T. Barton, Clerk to Justices, Liverpool.	{ R. I. Richardson, M.B. T. Clarke, M.D.
Lancaster -	*Shaftesbury House, Formby, Liverpool.	Mrs. F. W. Gill, Mrs. E. M. Gill, John W. Jones, and C. J. Tisdall, M.B.	Not more than 10	40	40	G. W. Swift, 74, Hanover St., Liverpool.	H. Langdale, M.D.
Norfolk [Norwich City].	*Heigham Hall, Norwich	J. A. Small, M.B., Maj. D. D. Milne, and G. S. Pope, L.R.C.P.	40	55	95	} W. R. Cooper, Norwich	H. J. Starling, M.D.
" ...	*The Grove, Catton Grove Road, Norwich.	Miss F. R. McLintock, and Miss H. M. McLintock.	—	21	21		
Shropshire	*Stretton House, Church Stretton.	Lieut.-Col. A. A. Watson, C.M.G., D.S.O., L.R.C.P., J. C. Baker, M.B., S. T. H. Lane, and Mrs. P. Hancock.	40	—	40	W. Baxter, Shirehall, Shrewsbury.	H. W. Gardner, M.B.E., M.D., F.R.C.P.

Shropshire ...	*Grove House, All Stretton	J. McClintock, L.R.C.P., Mrs. F. E. G. McClintock, Miss G. M. T. Daniell and Mrs. G. M. Lane.	—	40	40	W. Baxter, Shirehall, Shrewsbury.	H. W. Gardner, M.B.E., M.D., F.R.C.P.
" ...	Boreatton Park, Baschurch, near Shrewsbury.	E. H. O. Sankey, M.B., and Miss K. M. O. Sankey.	12	18	30	Ditto	Ditto.
Somerset ...	*Brislington House, Bristol	Mrs. A. Fox, J. M. Rutherford, M.B., and F. E. Fox, L.R.C.P.	44	62	106	C. E. Newman, 14, Boulevard, Weston-super-Mare.	R. E. Moorhead, L.R.C.P., J. R. Charles, M.D., J. Wallace, O.B.E., M.B., John Allen, M.B., and W. H. Maidlow, M.D.
" ...	*Bailbrook House, Bath-easton.	Col. H. A. Bray, C.B., C.M.G., and L.R.C.P., E. M. Wright, and S. J. Gilfillan, O.B.E., M.B.	Not more than 11	36	44		
Stafford ...	*Ashwood House, Kingswinford, Dudley.	H. G. Peacock, L.R.C.P., and J. F. G. Pietersen, L.R.C.P.	11	20	31	Eustace Joy, County Buildings, Stafford.	C. Reid, O.B.E., M.B.
" ...	*Moat House, Tamworth	W. Lowson, M.B., and Miss G. J. Baylis.	—	16	16	Ditto	Ditto.
Surrey ...	The Silver Birches, Church-street, Epsom. ...	Miss M. O. Daniel and E. G. C. Daniel, M.B.	—	14	14	D. Auckland, County Hall, Kingston-on-T.	P. C. Coombes, L.R.C.P.
Sussex, East ...	*Ticehurst House ...	C. F. F. McDowall, M.D., H. A. H. Newington, D. H. Cooper and H. McMahon.	43	49	92	H. J. T. McIlveen, County Hall, Lewes.	J. W. McK. Nicholl, M.B.
" ...	*St. George's Retreat, Burgess Hill.	Miss Ward, Miss McEvoy, Miss Stoker, and Miss Collins.	—	75	75	Ditto	Ditto.
" ...	Periteau House, Winchelsea, Sussex.	H. Baird, M.D., and Mrs. I. M. Baird	—	5	5	Ditto	Ditto.
" [Hastings Borough]	Ashbrook Hall, Hollington	Charles E. H. Somerset and Mrs. E. M. Somerset.	—	q. 6	6	F. G. Langham, 44A, Robertson-street, Hastings.	E. R. Mansell, L.R.C.P.
Warwick ...	*Glendossill, Henley-in-Arden.	W. Agar, L.R.C.P., Mrs. Mary D. Agar and Miss E. M. McKay.	12	33	40	A. C. Burrows, 1, New Street, Warwick.	T. W. Thursfield, M.D., F.R.C.P.
Wilts [New Sarum City].	*The Old Manor, Salisbury	Sir Cecil H. E. Chubb, Bart., LL.B., S. E. Martin, M.B., and P. W. Carruthers, M.B.	—	—	(b) 672	A. C. Jonas, Salisbury...	E. T. Fison, O.B.E., M.D., F.R.C.S., and R. C. Monnington, M.D.

q. Limited to quiet and harmless cases. (a) Proportion of sexes may be varied. (b) Not more than 550 to be of the Private Class.
 * Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Temporary Patients.

PROVINCIAL LICENSED HOUSES—*continued.*

COUNTY.	HOUSES.	TO WHOM LICENSED.	Number of Patients for which Licensed.			CLERK TO VISITORS.	MEDICAL VISITORS.
			M.	F.	T.		
Wilts	*Laverstock House, Salisbury.	J. R. Benson, F.R.C.S., Lt.-Col. C. B. Benson, D.S.O., and Miss M. Marrinan.	Not more than 50	50	70	W. L. Bown, Trowbridge	A. W. K. Straton, L.R.C.P.
"	*Fiddington House, Market Lavington, Devizes.	J. R. Benson, F.R.C.S., Mrs. May Benson, Lt.-Col. C. B. Benson, D.S.O., and the Rev. E. Benson.	8 to 22	8 to 22	30	Ditto	G. S. A. Waylen, L.R.C.P.
"	*Kingsdown House, Box ...	H. C. MacBryan, L.R.C.P., Mrs. A. K. MacBryan, and J. R. P. Phillips, O.B.E., L.R.C.P.	Not more than 13	43	43	Ditto	A. D. Hamilton, M.D.
York, W.R.	Greta Bank, Burton-in-Lonsdale, Kirkby Lonsdale.	Miss Sarah J. Perkin, J. C. Wootton, M.C., L.R.C.P., Mrs. Edith Mould, and C. T. Street, L.R.C.P.	10 or 10	10	10	W. H. Coles, Wakefield	L. T. Wells, L.R.C.P.
"	The Grange, Kimbworth, Rotherham.	G. E. Mould, L.R.C.P., and Mrs. B. L. Mould.	—	20	20	C. L. des Forges, Rotherham.	W. Barr, M.D.
" [Rotherham Borough]							
York City	*The Pleasaunce, Heworth, York.	L. D. H. Baugh, M.B., and Mrs. J. S. Baugh, M.B.	Not more than 9	17	22	H. V. Scott, York	J. Acomb, M.D.

* Approved under Sec. 5 of the Mental Treatment Act, 1930, for the reception of Temporary Patients.

APPENDIX J.

INSTITUTION PROVIDED BY A LOCAL AUTHORITY FOR VOLUNTARY PATIENTS ONLY.

Name of Institution.	Address.	Medical Superintendent.	Owning Authority.
Maudsley Hospital	Denmark Hill, London, S.E.5	E. Mapother, M.D., F.R.C.S., F.R.C.P.	London County Council.

APPENDIX K.

NURSING HOMES APPROVED FOR THE RECEPTION OF VOLUNTARY AND TEMPORARY PATIENTS.

Name of Nursing Home.	Address.	Number of Patients for which approved.			Name of Proprietor.
		M.	F.	T.	
Silverton Lodge	118, Church Road, Upper Norwood, S.E.19.	—	4	4	Miss Margaret B. Macleod.
Riverhead House	Sevenoaks, Kent	—	8	8	Mrs. M. L. Macartney.
Tykeford Abbey	Newport Pagnell, Bucks.	—	6	6	D. E. M. Douglas-Morris, L.M.S.S.A.
Dorset House... ..	Clifton Down, Bristol.	—	20	20	Elizabeth Casson, M.D., D.P.M.
Angle House	Seymour Road, Molesey.	—	—	11	H. Lloyd Driver, L.R.C.P.
Mount Pleasant	Clevedon, Somerset.	—	3	3*	Mrs. N. C. Whitfield.

* Voluntary only.

APPENDIX L.

STATE and CERTIFIED INSTITUTIONS, CERTIFIED HOUSES, and APPROVED HOMES under the MENTAL DEFICIENCY ACT, 1913, with the Names of Managers or Owners, Clerks to Visitors, and the Number and Class of Patients.

(Corrected to June, 1931.)

STATE INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate	Name and Address of Institution.	Names of Managers or Owners.	Name of Superintendent.	Number and Class of Defectives.
Nottingham ...	Rampton, Retford ...	The Board of Control, Caxton House West, London, S.W.1.	W. R. Thomas, M.D.	376 males and 253 females of dangerous or violent propensities. 53 females of dangerous or violent propensities.
Warwick ...	Warwick State Institution, The Cape, Warwick.	Do. do.	Miss E. Bagley.	

CERTIFIED INSTITUTIONS.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Bedfordshire ...	Bromham House, Bromham, Bedford	Beds. and Northants Joint Board.	J. B. Graham, Shire Hall, Bedford.	12 high grade adult males.
Berkshire ...	Cumnor Rise, Cumnor	The Oxford Branch of the National Association for Promoting the Welfare of the Feeble-minded. Hon. Sec. of Branch :—Hon. P. Bruce, 4, Wellington Place, St. Giles, Oxford.	Shire Hall, Reading. Do. do.	34 feeble-minded females, not more than 5 of whom are to be private patients. The age of admission is from 14 years. Epileptics and fallen women not taken. Poor Law cases received. 92 adult females and 14 juveniles.
Bucks ...	Craufurd Home, Maidenhead The Manor House, Aylesbury	Middlesex County Council. The Bucks M.D. Committee.	H. Fisher, County Hall, Aylesbury.	99 patients.

CERTIFIED INSTITUTIONS—continued

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Carmarthen ..	Pantglas Hall, Llanfynydd Road, Carmarthen.	The West Wales Joint Board ...	J. W. Nicholas, County Offices, Carmarthen.	90 females of 7 years of age and upwards. Trainable cases only.
Cheshire ...	Ashton House (Seaside Laundry Home), Parkgate, Chester. Sandlebridge, Alderley Edge.* ...	Committee of Management ... Incorporated Lancs and Cheshire Society for the Permanent Care of the Feeble-minded. Sec.:—E. M. Richards, 72, Bridge Street, Manchester.	E. W. T. Gasking, Birkenhead. R. Potts, Northgate Street, Chester.	40 high-grade feeble-minded girls. Admission over 14 years of age. 378 of either sex.
Cornwall...	Convent of the Good Shepherd, St. Anne's, Saltash. Durrant Hill House, Carlisle.	Committee of Management ...	F. A. H. Sheers, Truro.	<i>Certified by Board of Education for 65 boys and 44 girls.</i> 10 Roman Catholic female adults. High or medium grade.
Cumberland ... (Carlisle C.B.)	Aston Hall, Aston-upon-Trent.	Westminster Diocesan Education Fund ... Sec.:—Archbishop's House, Victoria Street, London, S.W.1.	F. G. Webster, 15, Fisher Street, Carlisle.	65 feeble-minded Roman Catholic females, aged 16 years and over. Criminals and fallen women not accepted. Poor Law cases received. 108 females.
Derby ...	Whittington Hall (Midland Counties Institution), Chesterfield.†	Nottingham City Council ...	W. B. Bunting, Chapel-en-le-Frith. Do. do.	400 females.
Derby ...	Thornhill, Trowels Lane, Derby.	The Incorporation of National Institutions for Persons requiring Care and Control. Mrs. Burden, The Warden, 14, Howick Place, Victoria Street, London, S.W.1. Derby Borough Corporation ...	W. R. H. Whiston, Idridgehay, Derby.	39 females. Not more than 33 able-bodied imbeciles under 16 and not more than 6 feeble-minded adults.
Devon ... (Exeter C.B.)	The Devon and Exeter Home of the Good Shepherd, Holloway Street, Exeter; with ancillary premises: The Chantry, Exeter; and	Committee of Management ...	J. I. Pengelly, The Court House, Exeter.	131 feeble-minded females. 66 at Devon and Exeter Home, 21 at The Chantry, and 44 (27 cot and chair cases of either sex and 17 high or medium grade females over 16 years of age) at the Home of the Holy Innocents.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
(Plymouth C.B.)	The Home of the Holy Innocents, Franklyn, St. Thomas, Exeter. Hampton House, Ebrington St., Plymouth. Stoke Lyne, Withycombe, Exmouth.	The Committee of the Plymouth, Devonport and Stonehouse Penitentiary and Home. County Council of Devon ...	J. Bone, Guildhall, Plymouth. F. A. Pearce, 14, Castle Street, Exeter.	15 female adults. 53 males and 4 females. All classes within the meaning of the Act.
	Western Counties Institution, Starcross, near Exeter; * <i>with ancillary premises</i> : Elm Court, Starcross, 2 temporary villas, Starcross, and 13, Dix's Field, Exeter.	Committee of Management ...	Do. do.	375 males and 165 females. <i>Certified by Board of Education for 83 boys and 52 girls.</i> <i>Elm Court.</i> —38 females, feeble-minded and moral defectives. <i>Temporary Villas.</i> —25 low-grade boys and 30 male adults. <i>Dix's Field.</i> —19 feeble-minded female adults.
Durham ...	Monkton Hall Home for Lads, Monkton, Jarrow-on-Tyne. St. Catherine's Home, Allergate, Durham. Shotley Bridge Colony, Shotley Bridge, Durham.	The Committee of the North-Eastern Association for the Care of the Feeble-minded. Sec.:—J. Stewart, 90, Pilgrim Street, Newcastle-upon-Tyne. Committee of Management ... The Newcastle-upon-Tyne Mental Deficiency Committee.	G. H. Watson, Darlington. Do. do. Do. do.	79 male feeble-minded cases. Age on admission, 16 to 20 years. 8 females. Feeble-minded and moral, under the age of 18 years at time of admission. 400 males and females, all classes.
Essex ...	Bigod's Hall, near Dunmow, Essex.*†	Committee of Management ...	H. F. Bawtree, Witham.	6 males. Imbeciles and feeble-minded up to the age of 16 years. <i>Certified by Board of Education and by Home Office for 61 boys.</i>

Essex—cont.	...		Do.	do.	75 males, not less than 16 years of age. Reserved for London cases only.
Brunswick House, Mist- ley.	The L.C.C. Mental Hospitals Committee... Chief Officer, Mental Hospitals Dept., Artillery House, Artillery Row, Victoria Street, S.W.1.	Do.	do.		
The Mutual Sana- torium (New Lodge, Leon House, The Homestead and St. Keverne), Billericay.	The Mutual Sanatoria, Ltd. Sec.:—E. L. Coppin, New Lodge, Billericay.	Do.	do.		54 males, excepting those who are dangerous to themselves or others, runaways, or who require physical restraint and are unsuitable for care on the "open-door" system.
Etloe House, Church Road, Leyton, E.10.	<i>Corresponding Manager</i> :—The Right Rev. Mgr. W. O'Grady, St. George's, Wal- thamstow, E.17.	Do.	do.		103 feeble-minded females, from 16 years of age and of the Roman Catholic religion. Poor Law cases received.
Royal Eastern Counties Institution, Colches- ter,*† with ancillary premises: Lexden House, Colchester; East Hill House School, Colchester; Hillsleigh, 10, East Hill, Col- chester; Greenwood Schools, Halstead; Crossley House, Clac- ton; Bridge Home, Witham; The Re- treat, Witham; and Littleton House School, Girton, Cam- bridge.	Board of Directors (Medical Superintendent: F. D. Turner, M.B.)	C. W. Denton, 9, East Stockwell Street, Colchester.			<i>Certified by Board of Education for 139 boys or girls, and by Home Office for 17 girls.</i> Main institution—558 males and females. Lexden House—65 adult females. East Hill House—60 males, of whom 4 may be cases over 16 years of age. Hillsleigh—48 boys of school age. Greenwood—90 females. Crossley House—61. Bridge Home—281 adult males. The Retreat—33 males.
Walsham How Home, 1, Forest Rise, Wal- thamstow.	The Church Army. Hon. Secretary:— Mrs. Cannon, 57, Bryanston Street, Marble Arch, W.1.	A. Tabrum, Cambridge.			Littleton House—11 males.
Girls' Village Homes, Barkingside, With ancillary premises: Warlies, Upshire, Wal- tham Cross.	Dr. Barnardo's Homes National Incorpo- rated Association	H. F. Bawtree, Witham.			45 female adults, feeble-minded and moral defectives.
		Do.	do.		150 females, imbecile and feeble minded from 5 years of age.
		Do.	do.		65 high to medium grade adult females.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS.—*continued.*

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.																										
Flint ...	Coed Du Hall, Rhydymwyn, Mold.	Denbigh M. D. Committee. ...	H. A. Tilby, County Offices, Mold.	43 adult and 19 juvenile females.																										
Glamorgan ...	Drymma Hall, Skewen, near Neath.	Glamorgan County Council (Medical Superintendent: E. Lewis, F.R.F.P. & S.G., L.R.C.P. & S.)	W. G. Jenkins, County Hall, Cardiff.	79 females. All classes within the meaning of the Act.																										
	Hensol Castle, Pontyclun, Glam.	Glamorgan County Council (Medical Superintendent: Edward Lewis, F.R.C.P.)	Do. do.	100 high to medium grade adult males.																										
Gloucester ...	Brentry Certified Institution, Westbury-on-Trym, Bristol. ...	Board of Management Hon. Sec.:—E. R. Abbott, 13, Victoria Street, London, S.W.1. (Medical Superintendent: G. R. A. de M. Rudolf, M.R.C.P., D.P.M.) The Committee of Management ...	L. M. Harris, 65, Stokes Croft, Bristol.	327. All classes within the meaning of the Act, being males over the age of 18 years.																										
	St. Mary's Home, Painswick, near Stroud.		E. T. Gardom, O.B.E., Shire Hall, Gloucester.	29 female feeble-minded cases. Age on admission 14 to 25 years, and of the Church of England. Cases over the age of 25 to be received only with the previous consent of the Board.																										
	Stoke Park,† Bristol, with ancillary premises : Royal Victoria Home, Horfield, Bristol; Clevedon Hall, Clevedon, Somerset; Beech House and Heath House, and Hanham Hall, Hanham; Leigh Court, Abbot's Leigh, near Bristol; The Tower Block; and The Elms, Stapleton.	The Incorporation of National Institutions for Persons requiring Care and Control. Mrs. Burden, The Warden, 14, Howick Place, Victoria Street, London, S.W.1. (Director of Medical Services: R. J. A. Berry, M.D., F.R.C.S., Ed.).	L. M. Harris, 65, Stokes Croft, Bristol.	<table><tr><td colspan="2">Patients.</td></tr><tr><td>Stoke Park ...</td><td>750</td></tr><tr><td>Royal Victoria Home ...</td><td>42</td></tr><tr><td>Clevedon Hall ...</td><td>108</td></tr><tr><td colspan="2">Males.</td></tr><tr><td>Beech House ...</td><td>90</td></tr><tr><td>Heath House ...</td><td>88</td></tr><tr><td>Hanham Hall ...</td><td>240</td></tr><tr><td>The Tower Block ...</td><td>130</td></tr><tr><td colspan="2">Females.</td></tr><tr><td>Leigh Court ...</td><td>260</td></tr><tr><td>The Elms† ...</td><td>40</td></tr><tr><td colspan="2">Total not to exceed ...</td></tr></table>	Patients.		Stoke Park ...	750	Royal Victoria Home ...	42	Clevedon Hall ...	108	Males.		Beech House ...	90	Heath House ...	88	Hanham Hall ...	240	The Tower Block ...	130	Females.		Leigh Court ...	260	The Elms† ...	40	Total not to exceed ...	
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(Bristol C.B.)	Chasefield Laundry Home, 874, Fishponds Road, Fishponds, Bristol.	The Sub-Committee of the Bristol Preventive Mission (for the management of Chasefield). Hon. Secs.:—Miss Alice Mary Lavington and Miss Clara E. Sheppard, Stoberry Lodge, 18, Ashgrove Road, Redland, Bristol. The Committee of Management.	S. Young, Petty Sessionsal Court House, Bristol.	Males Females Class :—All classes within the meaning of the Act. <i>Certified by Home Office for 1,748 cases.</i>	898 ... 1,000
(Do.)	Arno's Court, Arno's Vale, Bristol.		Do. do.	12 high-grade female adults.	
(Do.)	The Royal Fort Home, St. Michael's Hill, Bristol	The Committee of the Bristol Preventive Mission.	Do. do.	30 females. Poor Law cases received.	
Hampshire	Coldeast Colony, Sarisbury, Southampton.	Southampton County Council. (Medical Superintendent: Alban Wilson, L.R.C.P., D.P.M.)	F. V. Barber, The Castle, Winchester.	60 female imbeciles, feeble-minded and moral defectives over the age of 16 years.	
	St. Mary's Home, Alton, Hants, <i>with ancillary premises :</i>	Sisters of the Community of St. Mary the Virgin, of Wantage, Berks.	F. V. Barber, The Castle, Winchester.	65 females over the age of 16 years, who may have had illegitimate children. Poor Law cases received. Not more than 45 at St. Mary's Home, Alton.	
	The Home of the Holy Rood, Worthing; Thorpe Place, Thorpe, Chertsey, Surrey;		S. Thornely, County Hall, Chichester. D. Aukland, County Hall, Kingston-on-Thames.	Not more than 13 at the Home of the Holy Rood. 6 high-grade adult females.	
	St. Mary's Home, Halton, Hastings;		F. G. Langham, Palace Chambers, White Rock, Hastings.	8 high grade females between the ages of 16 and 40 years.	
	<i>and</i> St. John's Hostel, 17, Grove Park Denmark Hill, S.E.5.		John Dix, Sessions House, Newington, S.E.1.	6 high grade adult females.	

† Certified as a Special Industrial School by Home Secretary.

‡ Blind patients.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Hampshire—contd.	Mount Tabor, Darlington Road, Basingstoke.	The Sisters of the Transfiguration ...	F. V. Barber, The Castle, Winchester.	50 feeble-minded females 16 years of age and over. Church of England cases only.
Herts ...	Hillside, Buntingford, Herts. †	Westminster Diocesan Education Fund ... Sec.:—Archbishop's House, Westminster, London, S.W.1.	P. E. Longmore, Hertford.	48 males suitable to be housed and instructed with children, for whom the school is primarily intended. <i>Certified by the Home Office for 40 boys.</i>
	Barvin Park (St. Raphael's), Northaw, Potter's Bar.	The Brothers Hospitallers of St. John of God.	Do.	43 feeble-minded adult males of the Roman Catholic religion.
	The Hangars, Harper Lane, St. Albans.	Middlesex County Council.	Do.	320 high grade adult males of employable and trainable type.
	Kingsmead Schools, Ware Road, Hertford.*	Managers appointed by the Herts County Council.	Do.	22. All classes. 10 adult females and 12 of an age and degree of mental defect such as would permit of their being housed and instructed with children, for whom the School is primarily intended. <i>Certified by Board of Education for 70 boys and 56 girls.</i>
	St. Elizabeth's Home for Epileptics, Much Hadham.*†	The Very Rev. Canon Sutcliffe, F. W. Sherwood, Esq., S. Moorat, Esq., Dr. C. H. Cockran, Miss M. M. Sutcliffe, and Mrs. F. P. Hobson.	Do.	School—3 males and 3 females. <i>Certified by Board of Education for 14 boys and 42 girls, and by the Home Office for 56 cases.</i>
		Sec.:—Archbishop's House, Westminster, S.W.1.		Colony—104 females.
Kent ...	Princess Christian's Farm Colony, Hildenboro', Kent.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1.	C. E. Warner, Tonbridge.	Idiots, imbeciles, and feeble-minded cases of the Roman Catholic religion. 71 males, 68 females.
	West View, Tenterden.	Kent County Council.	E. Herrin, Tenterden.	129 females.
	Leybourne Grange, West Malling, Maidstone.	Do. do. (Medical Superintendent: R. F. Jarrett, F.R.F.P.S.)	C. E. Warner, Tonbridge.	94 adult females.

Lancashire	...	Adcote (Laundry and Training Home), Pilch Lane, Knotty Ash, Liverpool.	Adcote Committee ... Hon. Sec.:—Mrs. R. M. Weeks, The Grove, Gatacre, Liverpool	C. T. Barton, Clerk to Justices, Liverpool.	19 high-grade feeble-minded girls; age on admission over 14 years. Roman Catholics not received.
(Liverpool C.B.)		Allerton Priory R.C. Special (M.D.) School, Woolton, Liverpool.*†	Board of Management Hon. Sec.:—Rt. Rev. Mgr. Canon Pinnington, The Presbytery, Great Mersey Street, Liverpool.	Do. do.	1 male and 40 females. Feeble-minded cases of a degree of mental defect such as will permit of their living in association with and being instructed or trained with the children for whom the School is primarily intended. <i>Certified by Board of Education and by Home Office for 24 boys and 82 girls.</i>
(Do.)	...	Calderstones, Whalley, near Blackburn, with ancillary premises: Brockhall, Langho, near Blackburn. Dovecot (Horticultural School), Knotty Ash, Liverpool.*†	Lancashire Asylums Board Clerk:—Sir George Etherton, County Offices, Preston. (Medical Superintendent:—F. A. Gill, M.D., C.M.) Dovecot Committee Hon. Sec.:—Rev. F. A. H. Score, West morland Road, Huyton, near Liverpool.	L. Cotman, 8, Lune Street, Preston. C. T. Barton, Clerk to Justices, Liverpool.	2,686. 1,110 males and 1,218 females at Calderstones and not more than 42 males and 316 females at Brockhall. All classes, including epileptics, within the meaning of the Act. 30 feeble-minded females; 26 over the age of 16 and 4 of an age and of a degree of mental defect such as would permit of their being housed and instructed with the children for whom the school is primarily intended. <i>Certified by Board of Education for 38 girls and by Home Office for 64 girls.</i>
(Do.)	...	Gillibrand Hall, Chorley	Committee of Management	L. Cotman, 8, Lune Street, Preston.	40 female feeble-minded cases. Principally adults with a limited number of children under 16.
(Do.)	...	The Home, 4, Everton Terrace, Liverpool.	Do. do.	C. T. Barton, Clerk to Justices, Liverpool.	15 females. Feeble-minded and moral defectives over the age of 16 years.
Lancashire	...	Pontville R.C. Special School, Aughton, Ormskirk.*†	Board of Management Hon. Sec.:—Rt. Rev. Mgr. Canon Pinnington, The Presbytery, Great Mersey Street, Liverpool.	G. W. Swift, 74, Hanover Street, Liverpool.	25 males: Roman Catholic feeble-minded children between the ages of 5 and 16 years. <i>Certified by Board of Education for 121 boys and by Home Office for 98 boys and 15 girls.</i>

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Lancashire— <i>contd.</i>				
Leicester ... (Leicester C.B.)	Royal Albert Institution, Lancaster.	Central Committee of Management ... (Medical Superintendent: W.H. Coupland, L.R.C.P. & S., Ed.)	J. T. Sanderson, 67, Church Street, Lancaster.	800 males and females.
	Leicester Frith, Groby Road, Leicester, <i>with ancillary premises:</i> Cross Corners, 2, Thur- caston Rd., Leicester; <i>and</i> Birstall Holt, Birstall Lane, Birstall, Leicester.	The County Borough Council of Leicester. Clerk of the M.D. Committee, Alliance Chambers, Horsefair Street, Leicester.	W. J. Freer, 10, New Street, Leicester. Do. do. Do. do.	120 males and 157 females, including those in ancillary premises. 30 females; imbeciles, feeble-minded, and moral defectives. 33 able-bodied, medium grade juvenile males.
London ...	The Helping Hand Home, 16, Cathcart Hill, Highgate, N.19. London Lock Hospital, 283, Harrow Road, W.9. South Side Home, Streatham Common, S.W.16	Committee of the Association for Helping Mentally Deficient Children. Hon. Sec.:—Mrs. Geoffrey Russell, 20, Gower Street, W.C.1. Committee of Management ... The L.C.C. Mental Hospitals Committee... Chief Officer:—Mental Hospitals Dept., Artillery House, Artillery Row, S.W.1.	Jno. Dix, Sessions House, Newing- ton, S.E.1. Do. do. Do. do.	30 feeble-minded females, preferably from the age of 16 years. 7 female feeble-minded and moral defectives. 80 female high-grade feeble-minded adults who, save with the previous consent of the Board of Control, shall be on licence from other Certified In- stitutions.
Middlesex	St. Teresa's, 97, Belmont Hill, Lewisham, S.E.13. Bramley House, Gordon Hill, Enfield.	Committee of Management ... Middlesex Mental Deficiency Committee... Clerk:—H. Scott Freeman, Staines.	Do. do. E. S. W. Hart, Guild- hall, Westminster. S.W.1.	120 female adults, high and medium grade. 50 female feeble-minded cases, aged 16 years and upwards.

Crathorne, Oak Lane, East Finchley, N.2.	The Church Army ... Hon. Sec.:—Mrs. Cannon, 57, Bryanston Street, London, W.1.	Do.	33 mothers and their children who are feeble-minded or moral defectives. The number of mothers never to ex- ceed 20, and no child to be retained beyond the age of 7 years. Poor Law cases received.
Pield Heath House School, Hillingdon, Uxbridge.*†	Board of Management ...	Do.	50 females. Feeble-minded and moral defectives of the Roman Catholic religion. Total cases not to exceed 120, and all to be fit for association with children. <i>Certified by Board of Education for 62 girls, and by Home Office for 77 girls.</i>
St. Raphael's, The Butts, Brentford	The Order of the Poor Servants of the Mother of God.	Do.	60 high grade feeble-minded girls of 16 years and upwards. Roman Catholics.
Norfolk ...	Norfolk C.C.	A. C. Davies, The Shirehouse, Nor- wich.	70 patients.
(Norwich C.B.)	Norwich C.B.	J. F. Betts, Town Close, Norwich.	30 high-grade female adults and 7 juvenile cot and chair cases.
Northumberland	North Eastern County Boroughs Joint Board for the Mentally Defective.	H.D. Irwin, 3, Roy- al Arcade, New- castle-on-Tyne.	162 males and 268 females: all classes. <i>Certified by Board of Education for 50 boys and girls.</i>
Somerset ...	Miss A. E. Best	C. E. Newman, 68, Boulevard, Wes- ton-super-Mare.	17 females. Feeble-minded and moral defectives.
Sandhill Park, Bishop's Lydeard, Taunton.*	Somerset C.C.	Do.	72 feeble-minded females. <i>Certified by Board of Education for 50 boys and 50 girls.</i>
with ancillary premises: Yatton Hall, Yatton, Bristol.		Do.	76 low-grade children of both sexes and high-grade girls.
Cambridge House, Flax Bourton, Bristol, and West End House, Shep- ton Mallet.		Do.	32 male and 34 female adults.
		Do.	6 male and 65 female adults.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

CERTIFIED INSTITUTIONS—continued.

COUNTY or COUNTY BOROUGH within which the Institution is situate C.B. = County Borough	Name and Address of Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
(Bath C.B.) ...	The House of Help for Women and Girls, 112 Walcot Street, Bath.	Board of Management ... Sec.:—Miss L. Glynn Baker, 112, Walcot Street, Bath.	E. N. Fuller, LL.B., Bath.	66 feeble-minded females.
(Do.) ...	The Old Rectory, Bathwick Hill, Bath.	Bath Voluntary Association ...	Do. do.	21 high or medium grade feeble-minded adult females <i>admitted</i> on licence from other Institutions.
(Do.) ...	Rock Hall House (Magdalen Hospital School), Combe Down, Bath.	Municipal Charity Trustees of the City of Bath.	Do. do.	38 children of both sexes.
Stafford ...	Stoke Park, Bristol, with ancillary premises.	See under County of Gloucester.		
	Stallington Hall, Blythe Bridge, Stoke-on-Trent.	Stoke-on-Trent County Borough Council	E. Joy, M.A., County Buildings, Stafford.	77. <i>Mansion</i> : 16 boys under 21 and 44 females. <i>Male Block</i> : 17 males over 16.
Suffolk ...	Handford Home, Ranelagh Road, Ipswich.	Ipswich County Borough Council...	F. S. Ward, 32, Museum Street, Ipswich.	21 females. High-grade feeble-minded cases—age on admission 8 to 18 years.
	St. Joseph's Home, The Croft, Sudbury.	Board of Management ...	T. M. Braithwaite, Sudbury.	27 feeble-minded females from 16 to 20 years of age, and of the Roman Catholic religion. Poor Law cases received.
Surrey ...	Farmfield, near Horley, Surrey.	L.C.C. Mental Hospitals Committee Chief Officer:—Mental Hospitals Dept., Artillery House, Artillery Row, S.W.1.	D. Aukland, County Hall, Kingston-on-Thames.	133 males (adults or adolescents) of criminal experience or intractable disposition.
	The Manor Institution, Epsom, Surrey.	Do. do. (Medical Superintendent: F. S. Litteljohn, L.R.C.P.)	Do. do.	608 males and 663 females. All classes within the meaning of the Act. Reserved for London cases only.
	The Royal Earlswood Institution for Mental Defectives, Redhill.	Board of Management ... (Medical Superintendent: S. Langton, M.B.)	Do. do.	About 600 patients of both sexes.

The Royal Hostel, Royal Common, Elstead, Godalming.	Surrey Voluntary Association ...	Do.	26 high-grade male adults.
Eagle House, London Road, Mitcham.	Surrey Voluntary Association ...	Do.	46 high grade imbecile and feeble-minded females over 16.
The Ellen Terry National Home for Blind Defective Children, Reigate *	Executive Committee, Braille and Servers of the Blind League.	Do.	30 blind defectives up to the age of 16.
6, Morland Road, Croydon.	Croydon County Borough Council ...	J.M. Newnham, Town Hall, Croydon	<i>Certified by Board of Education for 18 cases.</i> 20 low grade juvenile males.
Thorpe Place, Thorpe, Chertsey.	<i>See under</i> County of Hampshire—St. Mary's Home, Alton.	H. J. T. McIlveen, County Hall, Lewes.	26 females, feeble-minded and imbeciles.
The Hermitage, Fairwarp, Uckfield.	The Committee : E. Sussex County Council	Do.	7 feeble-minded males.
"Dungates," Horeham Road.	Brighton Guardianship Society, 2, Old Steine, Brighton.	Do.	7 feeble-minded males.
Tubwell Farm, Jarvis Brook.	Do.	Do.	
The Home of the Holy Rood, Worthing.	<i>See under</i> County of Hampshire—St. Mary's Home, Alton.		
Midland Counties Institution, Knowle, near Birmingham.	General and Managing Committee ...	A. C. Burrows, 1, New Street, Warwick.	180 male patients.
Warwickshire Weston Colony, Weston-under-Wetherley, Leamington Spa.	Warwickshire M.D. Committee ...	Do.	40 male and 18 female adult feeble-minded.
Coleshill Hall, near Birmingham.	Birmingham M.D. Committee ...	Do.	120 males and 120 females aged 16 years and upwards.
The Agatha Stacey Home, Rednal, near Birmingham.	The Committee of the Agatha Stacey Home, Financial Sec. :—Miss C. P. Fleetwood, Depot, 158, Broad Street, Birmingham.	C. E. Barker, Birmingham.	40 high-grade female feeble-minded patients over 15 years of age.
1, Wilcot Road, Pewsey.	Wiltshire M.D. Committee ...	W. L. Bown, Trowbridge.	12 adult males.

* Certified as a Special School by Board of Education.

CERTIFIED INSTITUTIONS—continued.

COUNTY OR COUNTY BOROUGH within which the Institution is situate C.B. = County Borough.	Address of the Institution.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Worcester ...	Besford Court Home, near Defford.*† <i>with ancillary premises</i> ; St. Joseph's, Astwood Bank, near Redditch; and The Hostel.	Committee of Management ...	C. H. Bird, Shire Hall, Worcester.	76 males; all cases, whether under or over the age of 16 years, to be of a degree of mental defect such as will permit of their being housed and instructed with the children for whom the school is primarily intended. Total cases not to exceed 195. <i>Certified by Board of Education and by the Home Office for 119 boys.</i>
Yorks, W.R. ...	Rawcliffe Hall, near Goole.	West Riding Mental Defective Committee Sec.:—W. H. Brown, County Hall, Wakefield.	W. H. Coles, Burton Street, Wakefield.	130 females. All classes within the meaning of the Act—10 years of age and upwards.
(Leeds C.B.) ...	Meanwood Park Colony, Meanwood, Leeds. <i>With ancillary premises:</i> Meanwood Towers, Stonegate Road, Meanwood, Leeds. Kepstorn, Morris Lane, Kirkstall, Leeds. Mid-Yorks Certified Institution, Whixley, Yorks.	Leeds Mental Defective Committee Correspondent:—S. Wormald, Executive Officer, 38, Park Square, Leeds.	F. Richards, Town Hall, Leeds. Do. do. Do. do.	67 males and 117 females. Idiots, imbeciles and feeble-minded. 48 male cases to be not more than 14 years of age and 19 to be cases over 15 years of age and of the employable class. 64 low grade males, of whom not more than 10 shall be cot and chair cases.
(Do.) ...		Do. do.		40 females. High grade feeble-minded patients over 16 years of age.
Yorks, W.R. ...		Mid-Yorkshire Joint Board for the Mentally Defective. Clerk:—T. Thornton, Town Clerk's Office, 11, Park Square, Leeds. West Riding M.D. Acts Committee ...	W. H. Coles, Burton Street, Wakefield. Do. do.	200 males. All classes within the meaning of the Act.
	The Mansion, Kirkburton, near Huddersfield. Oulton Hall, Oulton, near Leeds.	Do. do.	Do. do.	60 male imbecile and low-grade cases, of whom 12 may be of lowest grade. 164 males. In-County cases only.

Hollow Meadows, Malin Bridge, Sheffield.	Sheffield City Council	...	...	Do.	do.	58 imbecile and feeble-minded males.
Wales Court, Wales, Kiveton, Sheffield.	Do.	do.	...	Do.	do.	50 females. All classes within the meaning of the Act.
(Sheffield C.B.) Cliffe House, Elm Lane, Shiregreen, Sheffield.	Do.	do.	...	F. B. Dingle, Court House, Sheffield.		29 low-grade juvenile males.
(Bradford C.B.) Ashfield, 269, Thornton Road, Thornton, near Bradford.	The County Borough Council of Bradford Clerk :—Town Clerk, Town Hall, Brad- ford.			T. Gill, Bradford		50 males. All classes within the meaning of the Act.
Westwood, Clayton Heights, Clayton, near Bradford.	Do.	do.	...	Do.	do.	50 females. All classes within the meaning of the Act.
Yorks, E. R. ... (Kingston-on- Hull C.B.) Tilworth Grange, Sutton, Hull.	Kingston-on-Hull County Borough Council			W. C. Bairstow, Law Courts, Hull.		83 females. All classes within the meaning of the Act.

* Certified as a Special School by Board of Education.

† Certified as a Special Industrial School by Home Secretary.

INSTITUTIONS APPROVED UNDER SECTION 37.

Owning Local Authority,	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
Bedford... ..	St. Peter's Hospital, Kimbolton Road, Bedford.	G. J. M. Whyley, Bedford	13 adult females.
	1, Grovebury Road, Leighton Buzzard.	J. B. Graham, Shire Hall, Bedford.	6 female adult feeble-minded and moral defectives.
Berks	Central House, Bradfield, Reading	H. J. C. Neobard, Shire Hall, Reading.	30 female adults. Medium to high-grade.
	St. Anthony's, Binfield Road, Bracknell, Berks.	Do.	61 males.
Bucks	100, Bierton Hill, Aylesbury	H. Fisher, County Hall, Aylesbury	18 male and 12 female adults.
	19, Stratford Road, Buckingham	Do.	14 male and 10 female adults.
	1, Buckingham Road, Winslow	Do.	9 males and 40 females. Imbeciles and feeble-minded.
Cambridge	81A, Mill Road, Cambridge	J. Lyon, 21, St. Andrew Street, Cambridge.	4 male and 10 female adults. Suitable for treatment in a common ward.
	29, Union Lane, Cambridge	Do.	2 male and 8 female adults.
	The Red House, Linton	A. Tabrum, Clerk of the Peace, Cambridge.	4 female adult feeble-minded and moral defectives.
Isle of Ely	Tower House, Cambridge Road, Ely	C. E. F. Copeman, County Hall, March.	6 female adults.

Caernarvon	...	Eryri Hospital, Caernarvon	...	A. Bodvel-Roberts, Caernarvon	19 males and 16 females under the age of 16 years.
Cheshire	...	Tarvin House, Boughton Heath, Chester.	...	R. Potts, Northgate Street, Chester	15 male and 40 female adults.
(Birkenhead C.B.)	...	Birkenhead Union Sanatorium, Tranmere, Birkenhead.	...	E. W. T. Gasking, Sessions Court, Birkenhead.	24 adults.
(Chester C.B.)	...	57, Hoole Lane, Chester	...	R. Potts, Northgate Street, Chester	40 females; 25/30 being under 16 years and 10/15 adults.
Cornwall	...	Berry Tower House, Bodmin	...	F. A. H. Sheers, Clerk of the Peace, Truro.	5 male and 20 female adults.
	...	Budock House, Falmouth	...	Do.	34 males and 13 females; (10 adult males, 13 adult females, and 24 male juvenile defectives).
	...	The Retreat, St. Columb	...	Do.	24 females. Not more than 20 low grade juveniles, or more than 4 high grade and stable adults.
Denbigh	...	Gorphwysfa Hospital, Ruthin	...	W. Jones, Ruthin	15 male and 20 female adults.
Derby	...	12A, Newbold Road, Chesterfield	...	W. B. Bunting, Chapel-en-le-Frith	1 adult female.
(Derby C.B.)	...	Shire Hill View, Glossop	...	Do.	15 male and 12 female adults; imbecile and feeble-minded defectives.
	...	Boundary House, Uttoxeter Road, Derby.	...	W. R. H. Whiston, Derby	30 adult females.
Devon	...	19, Alexandra Road, Barnstaple	...	S. A. Copp, Barnstaple	20 male and 6 female adults.
	...	Western Road, Crediton	...	F. A. Pearce, Exeter	18 male and 20 female adults.
	...	Marlpits House, Honiton	...	Do.	24 female adults.
	...	Red Hill House, St. Thomas, Exeter	...	J. I. Pengelly, The Court House, Exeter	6 male and 12 female adults.
(Plymouth C.B.)	...	1, North Road, South Molton	...	R. L. Riccard, South Molton	15 male and 24 female adults.
(Exeter C.B.)	...	Ford House, Auckland Road, Devonport.	...	J. Bone, Plymouth	25 males and 50 females.
	...	Heavitree Road, Exeter	...	J. I. Pengelly, The Court House, Exeter.	12 adults of each sex.

INSTITUTIONS APPROVED UNDER SECTION 37—continued.

Owning Local Authority.	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
Dorset	1, Bedford Place, Bridport ...	J. L. Torr, Dorchester. ...	20 female adults.
Durham	Oaklands, Bishop Auckland ...	G. H. Watson, Darlington ...	82 adult females.
(Darlington C.B.) ...	90, Yarm Road, Darlington ...	Do. do.	4 males and 6 females. Medium to low-grade adults.
(Gateshead C.B.) ...	Gateshead	Do. do.	20 adults of each sex.
(W. Hartlepool C.B.)	Howbeck House, Greatham, Stockton-on-Tees.	Do. do.	100 males and 120 females.
(South Shields C.B.)	1, Moor Lane, West Harton, South Shields.	Do. do.	78 adult males.
(Sunderland C.B.) ...	"Highfield," Hylton Road, Sunder- land.	E. S. Dingle, Sunderland ...	6 adults of each sex.
Essex	People's Home, Saffron Walden ...	C. S. D. Wade, Clerk of the Peace, Saffron Walden.	18 female adults.
	Winstree House, Stanway, Col- chester.	H. F. Bawtree, Witham ...	36 female adults.
(West Ham C.B.) ...	The Forest Gate Hospital,† Forest Lane, Forest Gate, E.7.	J. H. Jackson, Police Court, West Ham, E.15.	20 male and 30 female adults and 10 males and 15 females under the age of 16 years. <i>Certified by Board of Education for 15 cases.</i>
Flint	Cartrefle, St. Asaph	H. A. Tilby, County Offices, Mold	12 adults of each sex.
Glamorgan	Hill House, Penmaen, Swansea ...	J. W. Thorpe, Magistrates' Clerk, Swansea.	10 adult females, all classes.
(Cardiff C.B.)	Ely Lodge, Ely, Cardiff	E. J. Hayward, Law Courts, Cardiff	51 male and 38 female adults.
Gloucester	24, Queen's Hill, Cirencester ...	R. W. Ellett, Cirencester ...	6 male and 18 female adults and 26 male and 20 female juveniles.
	East View, Mangersbury, Stow-on- the-Wold.	E. T. Gardom, O.B.E., Shire Hall, Gloucester.	5 male and 10 female adults.

(Bristol C.B.)	...	Gloucester Street, Winehcomb ...	Do.	do.	14 males and 18 females.
(Do).	...	Stapleton Institution, Fishponds, Bristol.	S. Young, Petty Sessional Court House, Bristol.	do.	120 male and 140 female adults, and 40 low-grade juveniles.
Hereford	...	South Mead Hospital, Bristol ...	Do.	do.	50 of each sex. 4 females over 16 years to assist in the work of the Institution.
Herts	...	The Infirmary, Ross ...	E. W. Maples, Hereford ...	...	25 male and 15 female adults.
	...	"Haymeads," Bishop Stortford ...	P. E. Longmore, Hertford ...	...	40 female adults.
Isle of Wight	...	60, Vicarage Road, Watford ...	Do.	do.	18 male and 22 female adults.
	...	Forest House, Parkhurst, Isle of Wight.	H. Barber, The Castle, Winchester		20 males and 20 females. Idiot, imbecile, or feeble-minded defectives between the ages of 16 and 60 years.
Kent	...	Hartley House, Cranbrook ...	Charles E. Warner, Tonbridge ...	...	10 male and 20 female adults.
	...	King's Hill, West Malling ...	Do.	do.	14 female adults. Imbeciles, moral defectives, and feeble-minded.
	...	2, Mill Lane, Sandwich ...	Do.	do.	30 male and 24 female adults.
	...	Birchfield House, Sundridge, Seven-oaks.	Do.	do.	10 male and 20 female adults.
	...	Sandhill, Pembury, Tunbridge Wells	Do.	do.	30 males. Of trainable habits between the ages of 7 and 16 years.
(Canterbury C.B.)	...	The Home, Nunnery Fields, Canterbury.	T. A. Bowen, Clerk to Justices, Canterbury.		6 male and 10 female adults.
Lancashire	...	27, Stanley Street, Ulverston ...	J. T. Sanderson, 67, Church Street, Lancaster.		50 adult females.
	...	Elaves Lane, Chorley ...	L. Cotman, 8 Lune Street, Preston		15 male and 35 female adults.
(Liverpool C.B.)	...	Seafield House, Seaforth, Liverpool	G. W. Swift, 74, Hanover Street, Liverpool.		101 males and 134 females.

† Certified as a Special School by Board of Education.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

Owning Local Authority.	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
Leicester ...	1, Coplow Road, Billesdon, Leicester	W. J. Freer, 10, New Street, Leicester.	12 male and 14 female adults.
	59A, Regent Street, Loughborough	Do.	24 female adults; feeble-minded and high grade.
Lincoln (Lindsey) ...	The Home, Caistor ...	E. W. Scorer, Lincoln ...	16 female adults.
Do.	181, Lea Road, Gainsborough ...	Do.	12 male and 12 female adults.
Do.	79A, Foundry Street, Horncastle ...	Do.	12 male and 9 female adults.
Do.	The Gables, Hundleby, Lines. ...	Do.	18 adults of each sex.
(Kesteven) ...	Dysart Road, Grantham ...	R. F. M. White, Grantham ...	2 male and 15 female adults.
Do.	93, East Gate, Sleaford ...	A. D. Piper, Sleaford ...	1 male and 9 female adults.
Do.	Well Head House, Bourne ...	Do.	4 adults of each sex.
(Lincoln C.B.)	8A, Burton Road, Lincoln ...	W. M. Phillips, Clerk to the Justices, Lincoln.	10 adults of each sex. Medium to low grade.
London ...	Darenth Training Colony, Dartford	Chas. E. Warner, Tonbridge ...	Trainable cases.
	Leavesden Mental Hospital, Abbot's Langley, Watford.	P. E. Longmore, Hertford.	Unimprovable adults and cases of chronic infirmity.
	Caterham Mental Hospital, Caterham, Surrey.	D. Aukland, County Hall, Kingston-on-Thames.	Unimprovable adults. Low grade trainable children. 35 high-grade employable adult males at Chaldon Mead.
	Fountain Mental Hospital, Tooting Grove, S.W.17.	Jno. Dix, Sessions House, Newington, S.E.1.	Children. All classes up to 9 years. Unimprovable. Girls up to 16 years. Adult female working patients.
	158A, High Street, Plumstead, S.E.18	Do.	25 male and 45 female adults.

Merioneth	...	Minffordd, Penrhyndeudraeth, Merioneth.	H. J. Owen, Clerk of the Peace, Dolgelly.	23 male and 27 female adults.
Middlesex	...	Enfield House, 19, Chase Side Crescent, Enfield; <i>with ancillary premises</i> ; Fortescue Villas, Gentleman's Row, Enfield.	E. S. W. Hart, Guildhall, Westminster, S.W.1.	Enfield House—42 males, feeble-minded boys and adult males. Fortescue Villas—32 females under the age of 16 years—idiots, imbeciles, and a limited number of feeble-minded cases. 12 male and 21 female adults.
Monmouth	...	1, Colham Green, Hillingdon East, Uxbridge.	Do.	55 female adults.
Montgomery	...	Coedygric Institution, Griffithstown. Cae Hein, Forden, Welshpool ...	T. L. Hughes, Clerk of the Peace, Newport (Mon.). J. E. Tomley, Montgomery ...	12 male and 30 female adults.
Norfolk	...	The Lodge, Caersws, Mont. ... Hill House, Pulham Market ... The Lodge, Heckingham ... Cades Hill House, Attleborough ...	Do. do. ... H. C. Davies, The Shirehouse, Norwich Do. do. Do. do.	28 juveniles of each sex. Cot and chair cases excluded. 12 female adults. 1 male and 42 female adults. 12 adult females.
(Great Yarmouth C.B.)		150A, Caister Road, Great Yarmouth	G. Bracey, Great Yarmouth ...	6 adults of each sex—high to medium grade.
(Norwich C.B.)		The Lodge, Bowthorpe Road, Norwich.	J. F. Betts, Town Close, Norwich.	6 adult males and 20 females.
Northampton	...	77, London Road, Kettering ... 3A, Castle Street, Wellingborough	H. J. Cove, Northampton ... Do. do.	16 male and 16 female adults. 10 male and 10 female adults.
(Northampton C.B.)		137A, Wellingborough Road, Northampton.	A. J. Redhead, Northampton ...	9 adults.
(Soke of Peterborough)		Thorpe Road House, Peterborough	W. J. Deacon, Clerk of the Peace, Peterborough.	12 male and 21 female adults.
Northumberland	...	Silverton House, Rothbury, Morpeth	H. D. Irwin, 3, Royal Arcade, Newcastle-on-Tyne.	28 adult females.
Notts	...	121, Highbur Road, Bulwell, Nottingham.	K. T. Meaby, Shire Hall, Nottingham.	40 female adults.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

Owning Local Authority.	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
Notts— <i>contd.</i>	1, Leverton Road, East Retford ...	K. T. Meaby, Shire Hall, Nottingham.	4 male and 8 female adults.
	105, Stockwell Gate, Mansfield ...	Do. do.	6 male and 12 female adults.
	Greet House, Upton, Southwell ...	Do. do.	3 male and 5 female adults.
Oxford ...	26, London Road, Chipping Norton	F. G. Scott, County Hall, Oxford.	10 male and 30 female adults, imbeciles and feeble-minded.
Rutland ...	The Ashes, Ashwell Road, Oakham	B. A. Adam, Clerk of the Peace, Oakham.	6 adult females.
Shropshire ...	50, Shrewsbury Road, Church Stretton.	A. A. Johnson, County Buildings, Shrewsbury.	5 female adults.
	The Beeches, Iron Bridge, Salop ...	C. J. Sargeant, Much Wenlock ...	10 male and 15 female adults.
Somerset (Bath C.B.)	Frome Road House Institution, Odd Down, Bath.	E. N. Fuller, LL.B., Guildhall, Bath	10 male adults.
Southampton ...	Cowderys Down House, Basing ...	F. V. Barber, The Castle, Winchester.	30 females. Feeble-minded over 16.
	52, Wickham Road, Fareham ...	Do. do.	30 male and 10 female adults.
	Barton House, Fordingbridge, Salisbury.	Do. do.	14 male and 13 female adults.
(Portsmouth C.B.)	140, St. Mary's Road, Portsmouth	B. J. Tay, Guildhall, Portsmouth	29 male and 31 female adults.
Stafford ...	15, Trent Valley Road, Lichfield ...	A. H. Barnes, Lichfield ...	4 male and 8 female adults.
	Burton House, Dudley ...	E. Joy, M.A., County Buildings, Stafford.	50 male and 65 female adults.
(Burton-on-Trent C.B.)	145, Belvedere Road, Burton-on-Trent.	H. W. Goodger, Stapenhill, Burton-on-Trent.	10 male and 15 female adults.

	12, Stream Road, Wordsley, Stour- bridge. <i>with ancillary premises ;</i> Sandfield, Wordsley. 31, Wigginton Road, Tamworth ...	E. Joy, M.A., County Buildings, Stafford.	186 male and 130 female adults, and 68 children.
(Walsall C.B. and W. Bromwich C.B.) (Wolverhampton C.B.)	Great Barr Park, Great Barr, Birmingham. Heath Town, Wolverhampton ...	Do. do.	2 male and 10 female adults.
Suffolk (Ipswich C.B.) ...	Heathfield, Woodbridge Road, Ipswich.	Do. do.	290 males and 290 females.
Surrey	2, Horsham Road, Dorking ...	H. M. Foster, Town Hall, Wolver- hampton.	17 male and 14 female adults.
	The Clerk's Croft, Godstone ...	S. Ward, 32, Museum Street, Ipswich.	15 male and 20 female adults.
	Murray House, Ottershaw, Chertsey	D. Aukland, County Hall, King- ston-on-Thames.	3 male and 12 female adults.
	St. John's, Redhill	Do. do.	54 male and 1 female adults. Imbeciles and feeble- minded.
	West Hylands, Cuckfield	Do. do.	48 feeble-minded adult females.
Sussex (East)	2, Upper Shoreham Road, King- ston-by-Sea. Pouchlands House, East Chilling- ton, Lewes.	H. J. T. McIlveen, County Hall, Lewes.	6 male and 9 female adults. (In-County cases only).
(Eastbourne C.B.) ...	123, Church Street, Eastbourne ...	Do. do.	10 male and 20 female adults.
(Hastings C.B.) ...	40, Frederick Road, Hastings ...	Do. do.	5 male and 5 female adults.
Sussex (West)	78, Crawley Road, Horsham ...	Do. do.	28 males and 12 females aged 16 years and upwards.
	Budgenor Lodge, Midhurst ...	F. G. Langham, 44a, Robertson Street, Hastings.	7 medium to low-grade females over 16 years of age.
	North View, East Preston, Little- hampton.	S. Thornely, County Hall, Chi- chester.	12 adults of each sex.
		Do. do.	5 male and 10 female adults.
		Do. do.	5 male and 15 female adults.
		Do. do.	4 male and 12 female adults.

INSTITUTIONS APPROVED UNDER SECTION 37—*continued.*

Owning Local Authority.	Address of the Institution.	Clerk to Visitors.	Number and Class of Defectives.
Warwick (Birmingham C.B.)	The Birmingham Certified Institution, King's Heath, Birmingham.† [Monyhull Colony and Erdington House.]	C. E. Barker, Birmingham ...	Trainable cases between 5 years and 40 years of age. Monyhull Colony—500 males and 500 females. <i>Certified by Board of Education for 310 children.</i> Erdington House—50 adults of each sex, and 31 male and 30 female juveniles.
Warwick ...	91, Union Road, Warwick ...	J. Tibbits, Warwick ...	4 male and 24 female adults.
Westmorland ...	Aekenthwaite End, Milnthorpe, Westmorland ...	H. B. Greenwood, Clerk of the Peace, Kendal.	26 adult males, 27 adult females, and 18 boys and 24 girls.
Wilts ...	7, Commercial Road, Devizes ...	G. W. Jackson, Devizes ...	32 males under 16 and 16 females who are employable younger adults.
	Semington House, Trowbridge ...	W. L. Bown, Trowbridge ...	22 male and 36 female adults.
	Kingsbury House, Wilton, Salisbury	Do. do.	25 female adults.
Worcester ...	5, Avonside, Hampton, Evesham...	C. H. Bird, Worcester ...	4 males and 4 females.
(Worcester C.B.) ...	1a, Tallow Hill, Worcester...	J. L. Wood, Guildhall, Worcester	30 male and 20 female adults.
Yorkshire: East Riding	19, Bridlington Road, Driffield ...	J. R. Proctor, County Hall, Beverley.	28 male and 18 female adults.
(Kingston-upon-Hull C.B.)	188, Anlaby Road, Kingston-upon-Hull.	W. C. Bairstow, The Law Courts, Hull.	24 male and 24 female adults.
(York C.B.) ...	75, Huntington Road, York ...	H. Venn Seott, Clifford Street, York.	10 male and 20 female adults, (idiot, imbecile and feeble-minded), and 20 low grade juvenile males.

Yorkshire : North Riding	High Hall, Bainbridge, Askrigg ...	A. Procter, 5, New Street, York ...	20 female adults.
	Holgate Institution, Barnabas Road, Middlesbrough.	T. Belk, Municipal Buildings, Middlesbrough.	7 adult females.
	Sunbeck House, Northallerton ...	A. Procter, 5, New Street, York ...	6 males and 6 females.
	18, Dean Road, Scarborough ...	C. W. Goodall, Scarborough ...	30 male and 27 female adults.
Yorkshire : West Riding (Barnsley C.B.)	80, Gawber Road, Barnsley ...	W. H. Coles, Burton Street, Wakefield.	10 adults of each sex.
(Bradford C.B.)	The Bowling Park Institution, Bradford. <i>with ancillary premises : Odsal Sanatorium, Rooley Lane, Bradford.</i>	T. Gill, Bradford ...	15 female adults.
	The Daisy Hill Institution, Bradford	Do.	20 male adults.
Doncaster (C.B.)	Springwell House, Balby, Doncaster	W. M. R. Lewis, Doncaster ...	20 adults of each sex.
(Halifax C.B.)	166, Gibbet Street, Halifax ...	W. H. Coles, Wakefield ...	12 male and 12 female adult medium to low grade defectives.
(Huddersfield C.B.)	61, Deanhouse, Netherthong, Huddersfield.	Do.	10 male and 25 female adults.
	1, Reins Road, Giggleswick, Settle	Do.	37 males and 5 females, 27 males under sixteen years of age to be accommodated in the Isolation Hospital and 10 male and 5 female adults in the Main Building.
(Sheffield C.B.)	Fir Vale House, Pitsmoor, Sheffield	F. B. Dingle, Sheffield ...	20 male and 50 female adults.
	The Beeches, Tadcaster ...	W. H. Coles, Wakefield ...	24 adult females—imbeciles, feeble-minded and moral defectives.
	Greno Buildings, Grenoside, Sheffield.	Do.	20 feeble-minded adult females.

† Certified as a Special School by Board of Education.

CERTIFIED HOUSES.

COUNTY.	Name and Address of House.	Names of Managers or Owners.	Clerk to Visitors.	Number and Class of Defectives.
Herts ...	Arniston Nursery School, Boxmoor House, Boxmoor, Herts.	Miss J. M. Isbister and Miss M. D. Isbister	P. E. Longmore, Hertford.	20 low-grade cases of either sex.
Lancashire ...	Cavendish House, Woodvale, Ainsdale, near Southport.	Miss L. J. Allen ...	G. W. Swift, 74, Hanover Street, Liverpool.	42 female imbecile and feeble-minded patients from 3 years of age.
Middlesex ...	St. Margaret's, 9, Priory Road, Bedford Park, London, W.4.	Miss Rose H. D. Whiting ...	E. S. W. Hart, Guildhall, Westminster, S.W.1.	10 females. Imbeciles and feeble-minded.
	The Gables, Upper Teddington Road, Hampton Wick, Kingston-on-Thames.	Mrs. E. Lethbridge ...	Do. do.	22 of either sex: idiots, imbeciles and feeble-minded.
	Normansfield, Kingston Road, Teddington.	R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B.	Do. do.	150 males and females, not more than 100 of either sex at any one time.
Sussex, East ...	St. Joseph's Home, Burgess hill.	Proprietors of St. George's Retreat ...	H. J. T. McIlveen, County Hall, Lewes.	30 females of 12 years of age and upwards.
(Brighton C.B.)	Villa Maria, Kemp Town, Brighton.	Do. do.	A. G. Walker, Clerk to Justices, Brighton.	12 females. All classes within the meaning of the Act from 12 years of age and upwards.

APPROVED HOMES.

COUNTY.	Name and Address of Home.	Names of Managers or Owners.	Number and Class of Defectives.
Berks ...	St. Agnes Home, Caversham.	Miss A. K. Pritchard ...	4 adult females, and 4 girls or 4 boys.
Bucks ...	Lynwood, Woburn Sands, Bucks.	Mrs. A. M. Loveless ...	7 males.
Cheshire ...	"Westfield," London Road, Poynton	Miss E. C. and Miss M. F. Evatt ...	4 boys and 6 girls between the ages of 5 and 16 years.
Cornwall ...	The Elizabeth Barclay Home of Industry, Bodmin.	The Committee of the Elizabeth Barclay Home of Industry, Bodmin.	26 females.
Devon ...	Raleigh House, Ottery St. Mary.	Miss L. Cottrell and Miss E. Costiff ...	4 male and 11 female juveniles.
	"Whiteriggs," Dawlish Warren.	Miss B. E. Sutherns ...	8 females between ages of 14 and 21 years.
Dorset ...	Shirley, West Moors ...	Miss E. Coffin ...	6 feeble-minded female adults.
Essex... ..	Gay Bowers, West Hanningfield, Chelmsford.	Percy and Mrs. Gertrude Chennells ...	7 males.
Gloucester ...	Southend House School, Hatherley Brake, Cheltenham.	Miss Agnes King-Turner ...	30 cases of either sex—each child in all respects suitable to be in a house where the sexes are associated.
Herts... ..	Rowley Lodge, Rowley Green, Barnet	Miss E. M. Wall ...	14 children.
Kent ...	Upper Hollenden Farm, Princess Christian's Farm Colony, Hildenboro', Kent.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1.	18 males.
	Grove House School, Pluckley, Ashford.	Mr. and Mrs. H. T. Green ...	19 males between the ages of 7 and 16 years.
Merioneth ...	Bryn School, Hengwrt Uchaf, Dolgelly.	Mrs. G. I. Parry and Mr. T. G. Parry ...	50 males.

APPROVED HOMES—*contd.*

COUNTY.	Name and Address of Home.	Names of Managers or Owners.	Number and Class of Defectives.
Middlesex ...	Alexander House, 117, High Street, Uxbridge.	National Association for the Feeble-minded, 72, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W.1.	24 females.
	Conifers, Kingston Road, Teddington.	R. L. Langdon-Down, M.B., and P. L. Langdon-Down, M.B., Normansfield, Hampton Wick.	3 male (children) and 22 female private patients.
	Trematon, Broom Road, Teddington.	Do. do. do.	24 males. Private.
	St. Christopher's School, Amherst Road, Ealing, W.	Miss Mary Catherine Beaufoy Foster ...	28 feeble-minded private patients.
	Meadowside, Cambridge Road, Teddington.	Miss F. M. Deck ...	13 patients of both sexes, provided each case is in all respects suitable to reside in a house where the sexes are associated.
	Larkfield, 9, St. James's Road, Hampton Hill.	Mrs. E. Lethbridge. ...	16 feeble-minded children.
Norfolk ...	Gimingham Hall Farm, Gimingham, Norwich.	Miss S. A. Huntly ...	18 females.
Northumberland ...	The Home of Industry, Bow Villa, Morpeth.	Committee of six Ladies ...	16 females. Poor Law cases received.
Oxford ...	Oathurst, Bampton, Oxon	Mrs. E. V. Lawson ...	6 male adults.
Somerset ...	Lyncombe Hall, Bath ...	Miss W. Stanley ...	10, of whom not more than 4 may be juvenile males suitable in all respects to be in a house where the sexes are associated.

Surrey	...	...	Belmont Nursery, Beddington. Donec, Grayshott, Hindhead. St. Alban's, Duxhurst, Reigate. Lynton, Coombe Lane, Kings' on Hill. Tilden Cottage, Hindhead St. Paul's House, Upper Maze Hill, St. Leonards-on-Sea. Dunclutha, St. Helen's Park, Hastings. The Margaret Macdowall School, Inholmes Park Road, Burgess Hill. The Priory, Tortington, near Arundel. Simmons court, Aldwick Gar- dens, Aldwick, Bognor Haute Terre, Franklyn Road, Hayward's Heath. The Vineyard, Longbridge Lane, Birmingham, with ancillary premises : (a) Moorgreen Hall, Weath- eroak. (b) The Scotch House, Finstall, Bromsgrove (c) Vinette.	Miss Lillian Mason ... Miss R. L. Binney ... The Revd. A. H. Baverstock Miss M. I. Morrell ... Miss A. Willsher ... Mrs. Jennie Meiklejon ... Miss Mole and Miss Bruce ... Miss A. Park and Miss E. M. Shelton ... Miss D. S. Ault ... Miss M. A. N. Tabuteau ... Miss L. H. Smyth ... Miss M. F. Bridie ...	... ... ... ... ... ... ... ... ... ... ... ... ...	35 children of either sex. 8 females. 5 males over 14 years of age. 6 females between the ages of 14 and 18 years on admission. 7 males from 10 to 18 years of age. 33 defectives, not more than 5 to be males. 40 males. 22. 17 males. 5 boys. 10 children. 77 juveniles (34 at The Vineyard, 8 girls at Vinette, 14 boys at the Scotch House, 13 boys at Moorgreen Hall). Each case to be suitable to reside in a house where the sexes are associated.
Sussex (East) (Hastings C.B.)	...	...		
Sussex (West)	...	...		
Warwick	...	...		



